**MAKING STRENGTHS-BASED PRACTICE WORK IN CHILD PROTECTION:**

**FRONTLINE PERSPECTIVES**

by

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## Abstract

Strengths-based practice has been widely promoted as a preferred approach for statutory child protection work, but its complexity and inconsistent implementation suggest that it may be hard to do. This pragmatic mixed methods study asked frontline workers whether and how they applied strengths-based and solution-focussed ideas in their daily child protection practice and what supported and impeded their efforts. Via 26 semi-structured interviews and an online survey, 225 child protection workers from the Ministry of Family Development in British Columbia, Canada, gave their views.

The study found nearly all workers to be positive about strengths-based practice but 70% had implicit rules about the clients and situations for which strengths-based solution-focussed work was not appropriate or possible. Five definitions of strengths-based practice were identified from their descriptions of the approach, each linked to particular challenges and supports. The most applicable definition, 'Enacting firm, fair and friendly practice', illustrates a way for practitioners to navigate the strengths-based child protection relationship while managing the risk and authority inherent to their role. It involves maintaining a shifting balance between inviting maximum client collaboration and using authority purposefully and suggests the importance of judging impartially, being transparent, attending to the worker-client interaction and seeing clients as fellow human beings. It may support workers to navigate a developmental progression from occasionally doing strengths-based practice to identifying as strengths-based practitioners.

The study highlights the importance of developing organisational capacity to provide the time, resources and culture necessary for strengths-based practice. It suggests that 'fearlessness',

emotional self-regulation and comfort with mandated authority support strengths-based practice and recommends greater emphasis be placed on these qualities in child welfare education. Other recommendations include adopting a system-wide child protection-applicable definition of strengths-based practice like 'Enacting firm, fair and friendly practice', implementing 'strengths-based management' and providing ongoing opportunities for practitioner reflection and education.

## Preface

This dissertation is an original intellectual product of the author, C. Oliver. Ethical approval for this research study was obtained from the University of British Columbia's Behavioural Research Ethics Board. The certificate number for the study, entitled 'Strengths-based practice in child protection', is H11-03423.

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# CHAPTER 1 : INTRODUCTION

## Background to the Study

I have worked in the statutory child protection field for most of my professional career. My child protection training and much of my practice was oriented to carrying out the statutory duty to investigate reports of abuse and neglect and assess the risk of future harm. My challenge was always how to meet statutory obligations while working with the child's parents in ways that were supportive, compassionate and effective.

At the turn of this century the ideas of strengths-based solution-focussed practice began to enter the discourse, education and practice of child protection work. Its emphasis on the quality of the worker-client relationship reawakened my interest in how to most effectively bring about change through casework relationships combining care and control. My efforts to integrate strengths-based ideas into my practice and teaching of new child protection workers raised questions as to the compatibility of the approach with child protection work and the conditions necessary for its enactment. The worker-client relationship described as necessary to make strengths-based practice work in child protection appeared to be so complex that I wondered whether it demanded relational skills and supports beyond the reach of many workers. The outcome is this study, in which it is those tasked with making strengths-based solution-focussed practice work who provide their answers.

## Strengths-Based Practice in Child Protection Work

Contemporary strengths-based solution-focussed child protection practice originated in the middle of last century in two very distinct areas of mental health work. The first was strengths-

based case management (Marty, Rapp, & Carlson, 2001; C. Rapp, 1993; C. Rapp & Wintersteen, 1989; R. Rapp & Lane, 2012; Saleebey, 2012). This was developed by social workers for the voluntary clients of mental health services. The second was the brief therapeutic intervention called solution-focussed therapy (De Shazer, 1982; C. Franklin, Trepper, McCollum, & Gingerich, 2012; Shazer et al., 1986). Solution-focussed work has been called a strengths-based approach (Bond, Woods, Humphrey, Symes, & Green, 2013; C. Rapp, Saleebey, & Sullivan, 2006) and over the last decade ideas from these two traditions have increasingly merged under the broad category of strengths-based practice (Gray, 2011; R. Jack, 2005; Lietz, 2011; Skrypek, Idzelis, & Pecora, 2012; Skrypek, Otteson, & Owen, 2010). In this dissertation strengths-based practice, abbreviated as SBP, refers to all ideas within this broad category, drawing both from the Kansas strengths-based case management and solution-focussed therapy traditions.

SBP has needed adaptation for child protection work and a number of models have now been developed. The original adaptations were Insoo Kim Berg and Susan Kelly's solution-focussed work (2000) and Andrew Turnell and Steve Edwards' Signs of Safety® model (1999). These described a similar approach, which remains the foundation of contemporary strengths-based child protection practice. The core of strengths-based solution-focussed work remains intact, requiring practitioners to elicit and reinforce the client's strengths and goals. However workers must simultaneously assess and prioritize the child's need for safety. Child protection workers carry a legal mandate to respond to reports that a child may be at risk of abuse or neglect. They must assess the child's situation and intervene if necessary to ensure the child's safety and well-being. They work primarily with the child's adult caregivers, who are frequently involuntary parties to the relationship. The strengths-based solution-focused child protection literature suggests that to make this work, practitioners must engage with their mandated adult

clients in complex relationships balancing therapeutic support and the use of their mandated authority.

## Research Rationale

SBP has been heralded for more than a decade as a progressive new approach to statutory child protection work and introduced to statutory child protection agencies in the U.S.A., Canada, Western Europe, Australia, New Zealand and Japan (Antle, Christensen, van Zyl, & Barbee, 2012; Bunn, 2013; Idzelis Rothe, Nelson-Dusek, & Skrypek, 2013; Turnell, 2012). Current policy within the Ministry of Children and Family Development (MCFD), the provincial child protection agency in British Columbia, positions SBP as the primary approach (Ministry for Children and Family Development, 2012). Some child protection workers appear to be enacting strengths-based solution-focused ideas and there is early evidence of positive results (Antle et al., 2012; Bond et al., 2013; Bunn, 2013; Department for Child Protection, 2010; Idzelis Rothe et al., 2013; Keddell, 2012; Skrypek et al., 2012; Skrypek et al., 2010). However, we do not know how typical these workers are or what it was that makes it possible for them to work in a strengths-based way. Some workers clearly find it hard to do SBP with child protection clients (Antle et al., 2012; Lietz, 2011; Roose, Roets, & Schiettecat, 2012; Skrypek et al., 2010; Smith & Donovan, 2003) and broad concerns have been expressed that much social work done in the name of SBP is not strengths-based at all (Blundo, 2001, 2012; Grant & Cadell, 2009; C. Rapp et al., 2006).

In this study I set out to explore what could be learnt from the different ways in which workers applied the ideas of SBP in their child protection work. There has been a tendency in the SBP literature to frame the approach's inconsistent implementation as indicative of individual

and organisational failings. Informed by pragmatism, my approach was to view the differing application of strengths-based ideas as providing valuable information about the usefulness of the approach in the child protection context. I sought to identify the child protection workers, clients, situations and contexts for which strengths-based solutions-focused practice worked, and those for which did it not. I wanted to hear what attributes, experiences, beliefs, practices and situations enabled some to do strengths-based solution-focused practice more readily than others who faced similar resource constraints and statutory demands. This I hoped might support the continued adaptation of the approach to the particularities of child protection practice and the provision of better supports for its enactment.

It was important to me that this study offered the opportunity for practitioners to reflect on their experiences, share their hard-earned wisdom and contribute to the development of a key practice approach. As described by Lipsky (2010), frontline workers interpret policy and enact practice in very contextually specific ways. I hoped that by listening to the many ways in which this happened I might develop a more nuanced understanding of the fit between SBP and child protection work. The goal was that this would inform action to increase the accessibility and usefulness of the approach to those on the frontline.

## Research Questions

The research questions guiding this study were:

1. Do child protection workers apply the ideas of strengths-based solution-focused practice, and if so, how?

2. What do they perceive as helping and hindering them in this process?

## Theoretical Framework

The overarching theoretical perspective for this study was pragmatism (Dewey, 1920/2004; Haack & Lane, 2006; Ketner, 1992). This guided all decisions regarding methodology and research design. Pragmatism proposes that human experience is best understood as a process of continuous interaction between meaning-making and action. The test of ideas is in their application; it is whether and how we use ideas that determines their value. Pragmatism highlights the contribution of both individual and structural factors to human experience which is envisaged as the product of a continuous reciprocal process of interaction between people and their environment.

One implication of a pragmatist perspective is that research design decisions and methods are dictated by an assessment of what will best answer the research question rather than being made to align with a detailed and pre-constructed conceptual framework. It supports researchers to understand a phenomenon from multiple angles and is highly congruent with the mixed methods and interpretive description approaches employed in this study. It orientates the researcher to focus on the goal of useful knowledge that might inform the target audience, in this case personnel within the MCFD child protection system, to take more productive action regarding a practice problem.

## Overview of the Dissertation

This first chapter provides a brief introduction to the study. In the second chapter I lay out the dominant themes in the related literature in order to identify how this study is informed by and contributes to child protection knowledge. I firstly discuss the theoretical roots of SBP, examine how it has been adapted for child protection work and detail the relationship between worker and

client envisaged in literature relating to these child protection adaptations. I highlight the importance of the broader political, social and economic context by describing key changes in the dominant conceptualisation of the worker-client relationship since the inception of the modern child protection enterprise. I then consider some of the common challenges of statutory child protection work that might impact the ways in which practitioners enact SBP.

In Chapter Three I explain my epistemological and methodological choices. I describe how I conducted the study, with particular attention to data collection and analysis processes and the criteria for quality. In Chapter Four I give an overview of the British Columbia Ministry for Children and Family Development, the government child welfare agency partnering with me in this research. I define key terms used within MCFD and this study. I then describe key characteristics of the frontline child protection workers employed by MCFD who participated in the study. I finish this chapter by describing the assumptions, experiences and theoretical lenses that I brought to the study.

In Chapter Five I present findings from the online survey, starting with survey responses regarding participant knowledge and use of SBP and support for the approach. I then describe results regarding perceptions of the applicability of SBP and the barriers and supports for its enactment. In the next chapter I describe findings from the interview data. I outline the five different definitions of SBP identified from interviewee accounts, with accompanying supports and barriers to their implementation. I detail two factors which appeared important to the implementation of all five definitions of SBP: management support and a quality of 'fearlessness'.

In the final chapter I discuss the meaning and implications of the findings. I link the findings both to the literature outlined in Chapter Two and to theory related to learning and

developmental processes. I consider the strengths and limitations of the study and suggest areas for future research before outlining recommendations for MCFD that might support SBP to be implemented more broadly and experienced as more applicable to frontline child protection practice.

# CHAPTER 2 : LITERATURE REVIEW

## Strengths-Based Solution-Focussed Child Protection Practice

The last decade has seen the development of strengths-based solution-focused approaches for use by frontline child protection workers with mandated clients in statutory child welfare agencies. These are centred on the principles and techniques of solution-focused therapy, although are often referenced generically as 'strengths-based' and situated within the tradition of strengths-based practice (SBP). In the next section I describe the distinct theoretical roots of strengths-based practice and solution-focussed work and how these have found expression in strengths-based child protection practice.

## The Roots of Strengths-Based Practice

Strengths-based practice developed in the United States through work with people with serious and chronic mental illness. It was prompted by the financial demands of managed care (Berg & Kelly, 2000) and the failings of the community treatment model implemented from the 1950's onwards as a response to the mass deinstitutionalization of psychiatric patients. By the mid 1980's mental health services tended to be delivered through day treatment programs, highly paid professionals offering individual therapy, and residential treatment in the event of crisis (Kisthardt, 1997; Macias, William Farley, Jackson, & Kinney, 1997; C. Rapp & Chamberlain, 1985). This left clients with little help to navigate challenges of daily living like securing and maintaining housing, income, education and community supports. What help there was tended to be offered on an ad hoc crisis-driven basis by staff in the day treatment or residential programs (Macias et al., 1997), or fell under the remit of therapists who had little interest in this work (C. Rapp & Chamberlain, 1985). In some areas case managers operating on a 'service broker' model

assessed and linked clients to community resources. However the lack of such community resources, and of a meaningful relationship with clients in a model that was often telephone-based, problem-focused and separated functional and therapeutic tasks between case manager and therapist meant many clients fell through the cracks (Kisthardt, 1997; C. Rapp & Chamberlain, 1985).

Led by Rapp, a group of academics at the University of Kansas School of Social Welfare piloted the strengths case management approach (Kisthardt, 1997; Modrcin, Rapp, & Poertner, 1988; C. Rapp, 1993; C. Rapp & Chamberlain, 1985; Weick, Rapp, Sullivan, & Kisthardt, 1989). It was a model of 'aggressive outreach' requiring regular contact with the client outside of the office (Modrcin et al., 1988). The case manager accompanied the client, psychologically and physically, on their journey to achieve their goals in community living. This working relationship was seen as central to the achievement of client goals and was increasingly recognized as a therapeutic intervention in itself and as a key factor in the reduction of hospital admissions and psychiatric symptomology. The focus was on client strengths rather than pathology and clients were seen as the directors of their own case planning. Case managers completed a strengths assessment with the client and the work was oriented to the specific achievable goals outlined by clients using a personal planning tool.

While there was little interrogation of its theoretical roots in the early writing of the Kansas group, the strengths approach was later described as developing from constructivism and research in the areas of health and wellness, resilience and human development that countered ideas of a fixed developmental path and the inevitable route from adversity to pathology (Saleebey, 1996, 2012). It was founded on a critique of the "empirical–technological paradigm" (Weick, 1987, p. 224) and the belief that social work's emphasis on problems merely gave them a

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new vitality (Weick et al., 1989). Key principles of the approach were that all clients had the capacity for continual growth and that the community, rather than being a barrier to wellness, was rich in health-promoting resources (Modrcin et al., 1988). The view that human behaviour is largely a function of available resources (C. Rapp & Chamberlain, 1985) also suggested the influence of ecological and system theories (Germain, 1978; Pincus & Minahan, 1973).

It is notable that a key feature of the Kansas strengths model was that case managers were "preprofessional personnel" (C. Rapp & Chamberlain, 1985, p. 419). In the first studies they were social work students (Kisthardt, 1997; C. Rapp & Chamberlain, 1985) or workers with no human service experience or advanced degrees (Modrcin et al., 1988). This was deemed significant because it meant case managers really did feel they had something to learn from clients (Kisthardt, 1997). Client self-determination was the core principle of this approach which held that

> it is impossible for even the best trained professional to judge how another person should best live his or her life. The nonjudgmental attitude in social work dictates that not only should social workers not judge but that social workers cannot judge (Weick et al., 1989, p. 353).

It appears that case managers either did not exercise statutory powers over these clients or in the occasional instance where clients were identified as mandated by legal order to attend outpatient services (Kisthardt, 1997, p. 103) this was not deemed to present problems for the strengths approach.

Saleebey, also from the University of Kansas, broadened the appeal of the strengths approach by describing it as a general social work perspective applicable to clients beyond the realm of adult mental health (Saleebey, 1992, 2006). However by the turn of the new century

little had been written about translating this approach directly to work with families (Early & GlenMaye, 2000). Noble, Perkins and Fatout (2000) cited Rooney's (1992) advice for work with involuntary clients when they called for child protection workers to both be clear about their statutory role and to apply strengths-based ideas in the Kansas tradition. More recent papers, however, have highlighted the theoretical incompatibility of this tradition of SBP and statutory work (Mirick, 2013; Murphy, Duggan, & Joseph, 2013). Few authors have attempted to describe SBP in child protection without the addition of solution-focussed ideas.

**The Roots of Solution-Focused Practice**

Current strengths-based child protection models draw most heavily on the ideas of solution-focused therapy, which developed very separately from the Kansas strengths approach. Solution-focused therapy emerged in the United States in the 1980's from therapeutic work with adults and families (De Shazer, 1982; Shazer et al., 1986). It was the culmination of attempts over the previous two decades to develop a model of brief therapeutic treatment that was more effective than shortened forms of conventional treatment (Weakland, Fisch, Watzlawick, & Bodin, 1974). Therapists at the Mental Research Institute in Pal Alto, California, had developed the Focused Problem Resolution model (Weakland et al., 1974) which offered clients no more than 10 sessions and focused on changing present observable behavioral interactions rather than mining the past for causative explanations. Drawing on general systems theory (Bateson, 1979) and Milton Erickson's brief hypnotherapy approach (Haley, 1993), it framed problems as interactional and situational and saw the therapist's role as being to interrupt the habitual patterns in thinking and behavior that maintained the problem. A small change at any point in the system, a new behavior or even just the relabeling of a behavior, had the power to change the whole

system. Steve de Shazer and his colleagues at the Brief Family Therapy Centre in Wisconsin articulated these ideas as the "ecosystemic approach" (De Shazer, 1982) which underpinned their new approach of solution-focused therapy.

The most radical element of solution-focused therapy was to move away from the interest in problematic behaviors which were the subject of other brief therapy models to a focus on solutions. All clients were believed to want change and to be already doing things that would help solve their presenting problem. The therapist explored all attempts to cooperate and all exceptions to the problem situation in order to harness the client's inherent motivation and to match the intervention to the client's ways of thinking and behaving to increase the chance that it might be well received. The therapist worked with the client's view of reality while introducing sufficient "news of a difference" (De Shazer, 1982, p. 8) to expand the client's behavioral or cognitive responses to a problem and prompt system change.

The solution-focused therapist's main interest after the first session was not in revisiting the problem situation but in exploring what the client did that was different. The therapist used techniques like miracle, exception and coping questions to elicit detailed descriptions of client goals and successes (De Jong & Miller, 1995). He challenged the client's construction of problems as continuous and reinterpreted taken-for-granted behavior and assumptions as a matter of client choice. By focusing on narratives of strengths and success he reinforced the client's motivation to choose what worked. This built on constructivist and narrative ideas about narrating new interpretations opening up new possibilities for action: "The solution-focused language game is designed to persuade clients that change is not only possible, but that it is already happening. It is, in other words, a rhetorical process designed to talk clients into solutions to their problems" (Miller & de Shazer, 1998, p. 7).

The brief therapy tradition framed the therapist's authority in a very different way from the Kansas strengths approach. The therapist was an expert who delivered directives, tasks and reinforcing messages for strategic ends:

> Since we as therapists are by definition experts, giving authoritative instructions on both thinking and acting, another pervasive element of paradox is created by the fact that ordinarily we do so only tentatively, by suggestions or questions rather than direct orders, and often adopt a "one-down" position of apparent ignorance or confusion. We find that patients, like other people, accept and follow advice more readily when we avoid "coming on strong". (Weakland et al., 1974, p. 9)

In solution-focused work the therapist first delivered 'compliments' from the therapy team to help the client to feel sufficiently understood to accept the therapist's authority, before offering 'clues' or strategic suggestions for behavior change. Taking a 'one-down' position in which the client was promoted as the expert on their own situation circumvented client 'resistance'. The approach, from Erickson onwards, was underpinned by a belief in the untapped creative healing capacities of all clients. The discourse of partnership was more complicated here than with the Kansas strengths approach however, as it was both a core value and a strategic maneuver:

> Simply, the start of the therapeutic message is designed to let clients know that the therapist sees things their way and agrees with them. This, of course, allows the clients to agree easily with the therapist. Once this agreement is established, then the clients are in a proper frame of mind to accept clues about solutions, namely, something new and different. (Shazer et al., 1986, p. 8)

Work with involuntary clients was important to the development of the solution focused approach (De Jong & Hopwood, 1996). Many of the clients of the Brief Family Therapy Center were referred or mandated to attend by public agencies like courts and child welfare agencies. The approach was described as working particularly well for mandated clients as it did not seek to directly challenge resistance (De Jong & Berg, 2001). It borrowed from Erickson's ideas about accepting and working with whatever the client offered and about the value of implicit, indirect and paradoxical interventions to induce small cognitive or behavioral changes without directly challenging the client's frame of reference (Haley, 1993):

> When we work with mandated clients we do not attempt to transform potentially resistant clients into cooperative ones by influencing techniques . . . As they reflect, puzzle, and struggle to answer solution-focused questions, new possibilities for doing something different often emerge and cooperation naturally happens. (De Jong & Berg, 2001, p. 372)

It was not uncommon in solution-focused work, for the therapist to differentiate himself from the mandating agency and to ally with the client on the question of 'how can I help you to convince them you are doing well?' (De Jong & Berg, 2001). The client's wish to escape the clutches of mandated services could be a key motivator for, and goal of, change (Berg & Miller, 1992).


**The Blurring of Theoretical Boundaries**

While they have very distinct roots, the last decade has seen a blurring of the theoretical distinctions between strengths-based and solution-focused practice. Indeed Rapp, Saleebey and Sullivan have defined solution-focused practice as one of four strengths-based approaches (C. Rapp et al., 2006). Academic writing in child welfare is beginning to talk about a strengths *and*

solution-focused approach (Christensen & Antle, n.d.; Skrypek et al., 2012; Skrypek et al., 2010) and to draw on references from both the Kansas and solution-focused therapy literature (R. Jack, 2005; Lietz, 2011). A common viewpoint is that the strengths approach is best described as an attitude or standpoint (Saleebey, 1997; Staudt, Howard, & Drake, 2001), while solution-focused therapy is a model operationalizing this standpoint (Gray, 2011).

The different ways in which the two approaches conceptualize practitioner expertise and authority make this convergence somewhat problematic. The strengths-based approach arguably has a less complicated relationship with worker authority, framing it as the opposite of collaboration: "The strengths approach to social work practice values empowerment of individuals seeking services and advocates a relationship of collaboration as opposed to one of authority" (Grant & Cadell, 2009). Solution-focused practice however depends on the exercise of therapeutic expertise and authority within collaborative worker-client relationships. It provides a firmer theoretical base than the Kansas strengths approach for the surfacing and management of conflict.

## The Strengths-Based Solution-Focussed Child Protection Approach

The key theorist in the development of strengths-based solution-focussed child protection practice was Insoo Kim Berg, a therapist at the Brief Therapy Center, the wife of Steve de Shazer and the mentee of John Weakland of the Mental Research Institute. Through her work with statutory child welfare agencies in Michigan State she laid the theoretical groundwork for a solution-focused approach to child welfare (Berg, 1994; Berg & Kelly, 2000). She located the approach within a strengths-based paradigm but made little reference otherwise to the Kansas group.

In 1991 Berg and de Shazer travelled to Perth, Australia where they worked with Andrew Turnell, a brief family therapist and social worker, and Stephen Edwards, a child protection worker (Turnell & Edwards, 1999). Turnell and Edwards went on to develop the 'Signs of Safety' approach in collaboration with frontline child protection workers (Turnell, 2012; Turnell & Edwards, 1999; Turnell, Lohrbach, & Curran, 2008). Beyond recommending the literature of the Kansas group "if the reader wishes to consider a strengths-based perspective" (Turnell & Edwards, 1999, p. 66) their approach cited the solution-focused rather than the strengths tradition. 'Signs of Safety' is now the most prevalent model of strengths-based solution-focused child protection practice, having been implemented in 50 to 100 jurisdictions across Australasia, North America and Europe (Bunn, 2013; Turnell, 2012). In addition to providing principles and tools for the assessment and discussion of risk, family strengths and what is needed to ensure child safety, it has evolved to include tools, like the "Three Houses" and "Words and Pictures" (Turnell, 2012), to engage children and family members in child-focussed discussions.

Recent peer-reviewed literature links two other solution-focussed approaches to child protection work. The first is the Strengths and Skills approach (Corcoran, 2005). This combines ideas from solution focused, cognitive behavioral and motivational interviewing work and claims to be applicable to child welfare practice (Corcoran, Jones, & Ankerstjerne, 2005; Hohman, Kleinpeter, & Loughran, 2005). However I have been unable to find evidence of this approach being implemented in child protection work. The second is Solution-Based Casework (Antle, Barbee, Christensen, & Martin, 2008; Antle et al., 2012; Barbee, Christensen, Antle, Wandersman, & Cahn, 2011; Pipkin, Sterrett, Antle, & Christensen, 2013). Also known as 'Family Solutions', it is based on solution-focused therapy, family life cycle theory and relapse prevention theory. It has been implemented in some statutory child welfare agencies in Kentucky, Tennessee, New Hampshire, Washington State and Florida. While the creators of

Solution-Based Casework have written about its implementation and outcomes, they provide little detail about what the model means for the relationship between worker and client. This question is most comprehensively answered in works authored or co-authored by Berg or Turnell.

A common theme of strengths-based solution-focussed child protection approaches is that the ideas of partnership and client self-determination inherent to SBP are limited by the need for the worker to assess risk, make judgments and exercise the authority of the mandated role (Turnell, 2004). The worker's role is to help the client expand his perception of available options by systematically assessing and reinforcing his strengths and supporting the client to utilize internal and external resources to work towards self-identified goals (Berg & Kelly, 2000). At the same time, the worker conducts "forensic, rigorous professional inquiry" (Turnell, 2010, p. 21) into the situation of children perceived to be at risk of abuse or neglect. Child safety is always an explicit goal of the interaction with parents. The worker seeks to support the right and capacity of parents to make decisions that promote child safety, while simultaneously carrying the statutory power to limit those parents' rights within systems typically characterized as authoritarian (K. Healy & Darlington, 2009). As Turnell comments,

> The Signs of Safety approach does not set problems in opposition to a strengths and solution-focus, nor does it frame forensic, rigorous professional inquiry as something that diminishes or erases the possibility of collaborative practice. Quite simply, the best child protection practice is always both forensic and collaborative. (2010, p. 21)

Common principles of strengths-based solution-focussed models developed explicitly for child welfare work are:

**1) The client is a respected partner in creating safety for the child**

The basis of the approach is a collaborative worker-client relationship in which the client is respected as a fully participating partner at all stages of the case. The client is seen as an expert on his own life, who, if given the opportunity, will lead the worker towards solutions. The worker's job is to elicit, understand and validate the client's perspective. The worker should accept that this perspective is likely to be different from her own and be open to ideas that are not her own. The client should always have choices. Key to this approach is the worker suspending their own assumptions and adopting a "not-knowing" stance.

**2) Every family has strengths on which the solutions to child welfare problem can be built**

It is assumed that parents wish to parent well, and can do so with sufficient resources and support. The focus of the work is on identifying and developing the strengths and solutions that lie within every client. This means considerable time is spent exploring the details of exceptions to the problematic behavior.

**3) The goal of the work is the future safety of the child and this requires assessment of risk**

The work is present and future-oriented. The guiding question is 'what can be done now to increase child safety in the future?' The details of past abuse and neglect are important but only in so far as they link to the child's future safety. This means that workers do not need a complete chronology of past problems and do not need the parents to admit culpability for past abuse or neglect.

**4) The work is driven by the motivation of clients to achieve their own goals**

It is assumed that the client will be motivated to work towards his own goals. The worker finds out what the client wants and supports him to work towards these goals. The client's goals most often directly increase the child's safety. Sometimes the worker may link support for client goals with the goal of safety. It is assumed that if nothing else, the client's wish to be free of statutory protection services provides the common goal on which a working partnership can be built. Goals are small, achievable and related to specific new behaviors described in detail. Small changes in thinking or behavior can trigger significant personal and systemic change.

**5) The worker and client together co-construct solutions and motivation through relationship and language**

Motivation is not an individual trait, but a co-constructed product of the worker-client interaction. The way a problem is discussed opens or closes the door to different solutions. Workers can create an expectation of change by framing problems as temporary, solutions as accessible and describing clients in terms of their capacities. The worker uses the client's language and every interaction with the client is a potentially powerful intervention.

**6) Coercion and partnership are not mutually exclusive**

The worker possesses significant power and must exercise his statutory authority if the child's safety cannot be secured without it. However the use of coercive force can co-exist with successful and ongoing efforts to construct a genuine partnership informed by both the client's and worker's perspectives.

**7) The worker strategically uses the tools of solution-focused therapy in the interaction with the client**

More than a perspective, standpoint or set of principles, the approach requires the use of specific therapeutic tools to inform the casework process. These can include compliments, exception questions, scaling questions, coping questions and the miracle question.

**The Strengths-Based Solution-Focused Child Protection Relationship**

Strengths-based solution-focused child protection approaches envisage the worker-client relationship to be "the principle vehicle for change" (Turnell & Edwards, 1999, p. 47). It is through the relationship that the client develops a sense of validation, personal competence and trust in the helping process and the worker elicits the best information. It is through the relationship that the client and worker co-construct solutions and the motivation to achieve them. This puts a premium on preserving a positive cooperative alliance.

The worker is responsible for establishing a positive relationship based on the principle that clients are "people worth doing business with" (Turnell & Edwards, 1999, p. 30). By adopting a "non-knowing posture" the worker steps out of her expert role and communicates curiosity and "genuine awe and respect" (Berg & Kelly, 2000, p. 98) for the client's perspective. The client is perceived to have considerable powers of self-determination: "the strengths approach is built upon a simple belief – the power is in the hands of the clients" (Calder, 2008b, p. 138). The worker is required to respect the client's right to feel the consequences of rational decisions and freely-exercised will:

> In interviews we discipline ourselves to ask questions with no investment in client
>
> outcomes. This posture does not represent an uncaring attitude toward clients or the

welfare of the community but an acceptance of the reality that we are working with human beings who make choices. (De Jong & Berg, 2001, p. 372)

This is a purposeful goal-centred relationship for which the worker hypothesizes future goals before he and the client meet, and the client's goals are used as 'leverage' for cooperation (Turnell & Edwards, 1999). The worker wields a great deal of power, guiding client interviews with structured and persistent communication and therapeutic techniques (Turnell & Edwards, 1999). She responds to client anger by reframing it and uses cognitive-behavioural strategies of rehearsal and reinforcement. She acknowledges the client's anxiety and fears. As Berg and Kelly (2000) explain, "What we can do is to influence clients in such a way that they believe it is in their desire and in their best interest to change. This is all done with talking" (p. 80). Although the client is encouraged to share his perspective, pragmatism dictates that wholehearted acceptance of the client's perspective be limited by its usefulness to the goal of behavioral change:

> Ask the client to explain the events as she sees them, without correcting her or arguing with her, however outrageous her story seems. Then – much later – you follow her logic and push it to an extreme, it will come to sound pretty incredible to her also. (Berg & Kelly, 2000, p. 88)

The worker is honest and open in the discussion of goals, although not about her theoretical positioning and use of clinical techniques.

Workers gather information, assess risk and exercise their authority judiciously. They are advised that "making your requests in a calm, quiet firm voice makes them difficult for clients to resist" (Berg & Kelly, 2000). Attentive listening and encouragement for client self-determination

is balanced by clarity about the child protection concerns and honesty about mandated authority (Turnell & Edwards, 1999). The worker is explicit about what is and is not negotiable and straightforward about consequences and expectations. To maximize the therapeutic potential to work through the client's interpretations, the worker holds her own in abeyance for as long as possible. Workers have to "hold at least five different stories in their head at one time" (Turnell & Essex, 2006, p. 38) and carry judgments "lightly" on the constructivist assumption that all knowledge is incomplete. This position demands continual movement between expressing empathy for the client and establishing expectations of the client (Turnell et al., 2008) as the worker navigates a relationship of mutuality in which sufficient separation is maintained to enable judgments to be made in the best interests of the child.

The relationship relies, however, as much on the worker's warmth, spontaneity and openness as her skills in eliciting and working with the client's position. When the worker demonstrates genuine empathy, caring and curiosity, the social distance between worker and client is reduced and the client develops the sense of reciprocity and trust necessary for engagement (Forrester, Kershaw, Moss, & Hughes, 2008). The client needs significant and continual encouragement to avoid discouragement (Antle et al., 2012). In order to meet this need, workers are advised to "maintain humour, hope and gratitude. Do not take yourself too seriously" (Berg & Kelly, 2000, p.73). Turnell et al (2008) tell the story of a social worker confronted with a screaming swearing one-eared father during an investigation and, after meeting his demand that she "f*** off" with the request to know when she can "f*** back" proceeds to say "I couldn`t help notice the fact that you hardly have a left ear, and if you don`t tell me how that happened I don`t think I'll be able to concentrate on what we have to talk about"

(p. 105). Even while strategically guiding the relationship for therapeutic ends, the whole worker, not just the professional persona, is required to show up.

**The Implementation of Strengths-Based Solution-Focused Child Protection**

There has been a general movement in social work over the last two decades to adopt strengths-based approaches. There have been, however, few attempts to interrogate theoretical adherence to strengths-based models and what practitioners are actually *doing* in their name (Lietz, 2011; C. Rapp et al., 2006; Staudt et al., 2001). There is a concern that the principles of strengths-based practice are not being adopted by social workers (Blundo, 2001, 2012; Grant & Cadell, 2009; Roose et al., 2012). Two studies into the experiences of families in the child welfare system found that workers were at best inconsistent in their application of a strengths approach (Lietz, 2011; Roose et al., 2012).

There is some evidence of the implementation of the Signs of Safety approach. Turnell (2012) reported that,

> there are currently nearly 100 jurisdictions in 12 countries undertaking some type of substantive implementation of the Signs of Safety . . . Beyond Western Australia the most substantial system-wide implementations are occurring (or have occurred) in…Minnesota counties; Gateshead Children's Services Authority, England; Bureau Jeugdzorg in Drenthe, The Netherlands; Open Home Foundation, New Zealand; all Copenhagen boroughs in Denmark; Ktunaxa Kinbasket Child and Family Services, British Columbia, Metis Child Family and Community Services, Manitoba, Canada, Saitama City, Japan. (p. 6)

Bunn more conservatively estimated that in 2012 Signs of Safety was being used in at least 50 jurisdictions (Bunn, 2013). That same year 11 states in the United States used the Signs of Safety approach, three as their sole model for practice and eight in conjunction with the Structured Decision-Making risk assessment model (Harbert & Tucker-Tatlow, 2012). Some jurisdictions had developed hybrid practice models that drew on the ideas of Signs of Safety but no longer went primarily by the Signs of Safety name. California's 'Safety-Organized Practice', for instance, re-articulated the Signs of Safety in combination with Structured Decision-Making and strategies like motivational interviewing, family meetings and group supervision (Harbert & Tucker-Tatlow, 2012).

In Minnesota the Signs of Safety approach was first introduced in Olmstead County in 1999 and became part of statewide training in 2009 (Idzelis Rothe et al., 2013; Skrypek et al., 2010). An independent statewide implementation study found inconsistent implementation of the model, with workers deterred by a lack of trust in their organisation's commitment to the model, the efficacy of the approach and the capacity of families (Skrypek et al., 2010). It found that

> those who were earliest along in Signs of Safety implementation were more likely to rate themselves as *further* along in their understanding and integration of the model than those counties who had more experience and exposure to Signs of Safety. This may be attributed to the fact that while the Signs of Safety tools are relatively simple and straight-forward, it is using them in practice that results in the real learning and understanding of the model. Individuals who have been practicing Signs of Safety for a longer period of time are more likely to recognize the complexity of the approach and the challenges of fully integrating it into all aspects of their practice. (p. 2)

A later study involved interviews with 24 parents of children whose child welfare cases had recently been closed (Skrypek et al., 2012). It concluded that there was evidence that social workers were using the model and that the majority of parents were positive about the approach. However only 42 of the 100 parents initially approached to participate in the study consented to be contacted by researchers and this first approach was often made by the parent's worker. It is likely that those most positive about their experience participated in the study and so while it appears that some workers were using the Signs of Safety approach to good effect, it is not clear how typical they were. A third evaluation report a year later showed that since the introduction of the Signs of Safety to Olmstead and Carver Counties, there had been improvements in such outcomes as the rate of entry to care and the recidivism rate (Idzelis Rothe et al., 2013). The implementation of the approach shortly after radical changes in service delivery like the introduction of differential response and Structured Decision Making made it hard, however, to isolate the cause of such improvements.

A study of the implementation of Signs of Safety in statutory child welfare services was completed in Andrew Turnell's home ground of Western Australia in 2010 (Department for Child Protection, 2010). Eighty-eight percent of respondents found the approach useful or very useful, and the majority reported that positive effects on clients included enabling greater participation, voice and collaboration, clearer goals and a better understanding of the impact of harm. Two thirds of workers reported that it had increased their job satisfaction. However these results were based on a 17% response rate, with only 251 responses to invitations sent to 1460 staff, and again it is not clear how representative they are.

On his website Andrew Turnell reports that 380 workers were trained in the Signs of Safety approach between 2005 and 2008 in the Borough of Copenhagen Child and Family

Services. He reports that an independent evaluation of the project (Sorenson, 2009) was conducted in which 171 child welfare practitioners were interviewed. It found that over 70% of interviewees said Signs of Safety had changed the way they worked with families and increased their focus on family resources. Sixty nine percent reported that they used the approach with families. Just over half said it had increased their inclusion of family strategies and solutions and just under half said they now gave families more responsibility. The study is only in Danish and I have unable to independently assess its merits.

Much of the remaining literature on the implementation of the Signs of Safety approach is small-scale and descriptive (Bunn, 2013) and while offering case examples of workers using the approach, offers little insight into how typical they are. The majority were written by people intimately involved as workplace leaders or paid 'Signs of Safety consultants' in the introduction of the approach (Hogg & Wheeler, 2004; Lohrbach et al., 2005; Shennan, 2006; Turnell et al., 2008; Wheeler & Hogg, 2012). There may be some reason to be skeptical of claims by those who stand to gain commercially from the success of the Signs of Safety approach. An added challenge when evaluating the evidence base for this approach is that Turnell advocates an implementation and evaluation approach based on the principles of Appreciative Inquiry (Turnell, 2012). While there may be an acknowledgement of challenges, studies informed by Appreciative Inquiry have focussed on what works and cases that practitioners are proud of (Keddell, 2012; Shennan, 2006). This perspective may obscure the voices of those for whom the approach does not work and limit the discussion of problems encountered with the approach.

Finally, the Solution-Based Casework model was developed with frontline child protection workers in Kentucky and has since been implemented in that state, Washington State and some parts of Florida, New Hampshire and Tennessee (Barbee et al., 2011). Early research

found that workers who had been trained in the Solution-Based Casework principles and skills demonstrated them inconsistently (Martin, Barbee, Antle, & Sar, 2002). A study asking whether child welfare workers could implement the model concluded that when compared to a team in which the supervisor received one day of training in the model, a team in which all members received 5 days of training and 24 monthly consultations not only used the model significantly more, they also achieved greater cooperation from families, achieved more goals and saw fewer child removals and referrals to court (Antle et al., 2008). Later interviews with 12 public child welfare workers "identified challenges of the shift from a pathology-orientation to a solution-focused and strengths-based perspective, the importance of supervisory support, and the struggle to understand complex elements of the model" (Antle et al., 2012, p. 344). It concluded that in a large sample of cases workers were implementing the model with a sufficiently high degree of fidelity to result in lower recidivism rates and to produce better outcomes in child safety, permanency and well-being when compared to cases in which there was lower adherence to the model (Antle et al., 2012). However this research program did not interrogate whether such different outcomes were due to the use of the model itself or other factors.

## Historical Changes in the Child Protection Worker-Client Relationship

One question motivating this study was the extent to which it was reasonable to expect frontline workers to engage in such apparently complex client relationships under the challenging conditions of contemporary child protection practice. Context matters: since the inception of the modern child protection movement the worker-client relationship has been shaped by broader social, economic and political forces. Changes in the conceptualisation of this relationship have been closely linked to changes in available resources and the struggle to define the social work

profession and the place of child protection within it. The following section traces these changes over the course of the development of contemporary statutory child protection systems in the United States, Canada, the United Kingdom and Australia.

It is important to note that there has been no linear temporal progression from one conceptualization of the worker-client relationship to the next. Relational models have coexisted and informed each other. The worker-client interaction is influenced by the personal characteristics and immediate environment of worker and client as well as broader contextual factors (Ross, Polaschek, & Ward, 2008). It should also be noted that there have been differences in the culture and forms of service delivery, and in the timing, nature and impact of child welfare changes across the countries discussed in this section. The national child welfare systems in these countries are, however, very similar (Gilbert, 1997; R. Hetherington, 2002) and it is possible to trace shared historical trends in the dominant understanding of the relationship between worker and adult client.

There is plentiful evidence in the social work literature from the United States and United Kingdom that those countries experienced the broad historical trends outlined in this review. Australia (Fogarty, 2008) and Canada (Jennissen & Lundy, 2011) have been described as following a similar historical path. Each has been informed by a liberal political philosophy (R. Hetherington, 2002) predicated on a reluctance to intervene into the private realm of the family unless absolutely necessary (Dingwall, Eekelaar, & Murray, 1995). In each of these countries strengths-based solution-focused practice has gained ground since the turn of this century. In each this has been presented as a response to the problems of a deficit-based investigative approach and the ineffectiveness of the child welfare system. The majority of the literature on these subjects has been written in and about the United States, Canada, Australia and United

Kingdom. It has focussed on the mainstream child welfare systems in these countries, often excluding the voices of non-dominant cultural groups (Jimenez, 2006; Trocmé, Knoke, & Blackstock, 2004) and fathers (Strega et al., 2008). Unless otherwise stated the claims outlined in this section do not extend beyond these countries.

**1870 - 1930**

The roots of the modern child welfare system are often traced to responses to the industrialization which swept across North America, Australia and many parts of Europe in the 19th century. By 1900 mass immigration to industrial centres had overwhelmed urban infrastructure and prompted social dislocation (Myers, 2004). About one quarter of the British population lived in poverty and in the poorest areas the same proportion of babies died before 12 months of age (Rowntree, 1901). Overcrowded unventilated slums bred filth and disease. Women and children worked long hours to supplement low family wages and "baby-farms" offering cheap childcare flourished (Zelizer, 1988). A patchwork of private, voluntary and religious organizations offered services to support families, but the primary response to the problem of abandoned and abused children was to consign them to the poor house, orphanage, district schools or indentured servitude (Hendrick, 1994; Katz, 1986).

Until the 1870's no agency was responsible for enforcing the laws against child cruelty and for finding, investigating and rescuing children from situations of abuse (Costin, 1991). However this changed after the 1874 American case of Mary Ellen Wilson crystallized concern about a system of child-serving agencies which, despite considerable dependence on government subsidy, was largely unaccountable to the tax-payer (Costin, 1991). Acting at the request of a missionary worker, the director of the New York Society for the Prevention of Cruelty to

Animals turned to the courts to protect nine year old Mary Ellen from the violent abuse of her stepmother. The case caught the attention of the newspapers and Mary Ellen became the poster child for "child rescue" campaigners. Supported by a judiciary eager to expand into new territory, the influential men of the animal protection movement financed and led the first Society for the Prevention of Cruelty to Children (SPCC) in New York. That 'child-saving' should become attached to the cause of animal protection made sense in light of the influence of Darwinism and progress in the science of anaesthesia (Costin, 1991). These contributed to a cultural rejection of suffering and redefinition of children as vulnerable, in need of protection and only one small step above animals on the evolutionary ladder (Costin, 1991; Katz, 1986).

By 1900 there were 157 private and voluntary societies in the US with responsibility for the rescue of abused and neglected children (Antler & Antler, 1979). The UK saw its first SPCC in 1884 and by the end of the century handled over 28,000 cases a year (Ferguson, 1996). In Australia the Victoria SPCC opened in 1896 (Fogarty, 2008). In Canada the first Society opened in Toronto in 1881 and the following year the Nova Scotia Society for the Prevention of Cruelty to Animals assumed guardianship responsibilities for neglected children (Jennissen & Lundy, 2011).

The early SPCCs operated as,

the arm of the law (which) seizes the child when it is in an atmosphere of impurity, or in the care of those who are not fit to be entrusted with it, wrenches the child out of those surroundings, brings it to the court and submits it to the decision of the court – unless, on the other hand, its reaches out that arm of the law to the cruellist. (McCrea, 1910, pp. 138-139)

In the UK concerns for their public legitimacy made SPCC's focus more on educating parents in their duties rather than removal and prosecution (Hendrick, 2005). Common across SPCC's, however, was the belief that their role properly lay with the enforcement of laws and parental responsibilities rather than the provision of charity.

The NSPCC "inspectors" of the early twentieth century were men drawn from the ranks of police and army, ex-truant officers and poor law officials (Carstens, 1921). Their main tool was their authority, reinforced by close relationships with the police. They carried warrant cards, often wore uniforms and could be contacted through local police stations (Clapton, 2009). Their primary role was evidence gathering for criminal court and their involvement ended once a child was removed from the home and the case transferred to a child-serving charity (Antler & Antler, 1979). They had little training in, or wish to undertake, preventative work.

These early protective agencies were "dominated by discipline rather than by discretion on the part of the workers, by the following of definite legal rule or procedure rather than by the looser adaptation of means to ends in individual cases" (McRae, 1910, p. 139). They did give some material assistance in the form of food and clothing, performed wider duties like returning runaways to their parents and securing work permits for children (Myers, 2004) and, at least in Scotland, they often engaged in kind acts which belied their stern public reputation as the "Cruelty Men" (Clapton, 2009). However, they worked more through advice, threats and referral to the courts than supportive empathetic relationships:

> The work has to be done in cold blood, so to speak, with a deaf ear to the pleadings
> and entreaties of mothers and fathers whose love for their children is never so strong
> as when they think their children will be taken from them. The best interests of the
> children, and not the feelings of those closely connected to them, have to be

considered, and a trained charity worker is seldom qualified by his or her training to

absolutely banish the spirit of "love for fellow-man' from his or her work. The SPCC

worker, on the other hand, looks at the matter from a colder (a legal) viewpoint, and

therefore the only training he should receive is such that will enable him to detect

cruelty and apply the remedy, regardless of how the application affects those who are

responsible for the cruelty. (McCrea, 1910, p. 135)

By the first decade of twentieth century the Cruelty Men's powers of surveillance and child

removal were so "wholesomely feared by the evil-doer" (Carstens, 1921, p. 136) that many

parents avoided contact with them altogether (Ferguson, 1996).

There were two alternative visions for child welfare work in 1900, and together they

provided the foundations on which the new profession of social work was built. They were

driven by women and informed by social reform movements for women's suffrage,

temperance, social purity and action to mitigate the worst excesses of industrialization

(Costin, 1991). The first vision was promoted by the Settlement House movement, which

started in 1884 in the United Kingdom and was embodied by the American work of Jane

Addams (1860 -1935). She became the first female president of the National Conference of

Social Work in 1909. She believed that protecting children entailed advocating for legislative

reforms against child labour and prostitution, building community networks of social and

material support for families (D. L. Franklin, 1986) and lobbying government and charities

for "support for deserted women, insurance for bewildered widows, damages for injured

operators, furniture from the clutches of the installment store" (Addams, 1960, p. 8). Partly

due to her political partisanship, anti-professionalisation stance and pacifism during World

War 1, however, her approach to child welfare failed to garner widespread political acceptance (D. L. Franklin, 1986).

The Settlement House workers were encouraged to make relationships of equality, mutuality and camaraderie with their adult clients (Addams, 1960). Addams sought to reduce the social distance between herself and the community by refusing to accept a salary and fighting attempts to professionalise social work. She lived in a house in the Chicago slums, installed three baths so her neighbours could wash there, and invited elderly women to stay with her for holidays from the Poorhouse. Community members joined her as residents and hosted community reading, music and debating groups and sports, dancing and cultural events. She called her clients "neighbours" and would only give public lectures in their presence to prevent any sense that she was claiming more expertise than they (Addams, 1960). She believed that living side by side with those in need cultivated the intimate community knowledge and mutual compassion and respect needed for collective action.

Addams believed that the middle class women who learnt social work at the Settlement Houses gained as much as their clients from the cross-class relationships which allowed them to escape their "undernourished, over sensitive lives" (Addams, 1960, p. 12). All benefited from the exercise of the natural instinct for relatedness and mutual support. The women's movement had generated some sense of gender solidarity and Addams understood democratic action as the means to perform her Social Christian duty to relieve human suffering (Phillips, 1996). However these relationships were supposed to be driven by a sense of authentic affection and admiration for clients rather than by obligation.

An alternative conceptualisation of child welfare work was offered by the "friendly visitors" of the Charitable Organisation Societies (COS). In the United States this work was

exemplified by Mary Richmond (1861-1928), who went on to found the first social work School of Civics and Philanthropy in 1907 (D. L. Franklin, 1986). Like Addams, she believed children were best protected through work with the whole family, but her means was not political activism but what came to be known as casework. Friendly visitors were to employ a combination of "education, advice, persuasion and assistance" (Carstens, 1930, p. 1). They taught parenting and home-management skills, advocated with schools and community agencies for appropriate supports for those deemed to be deserving and gave the kind of direct help reflected in case notes like "'Visited family, left 5…Took 1 to employment agency. Got job'. 'Took Mary to the hospital. Had tooth pulled. Sent Christmas basket'" (Robinson, 1930, p. 110). Influenced by the scientific philanthropy movement (Bremner, 1956), this kind of casework was increasingly dependent on "social diagnosis" (Richmond, 1917).  This was the detailed and systematic assessment of the family situation intended to individualise intervention and deliver charity more rationally and efficiently.

Mary Richmond related to her clients more like a strict devoted aunt than Addam's comrade-in-arms. In her early writing Richmond described workers developing relationships with clients over the course of five or six years, through which they gained "intimate and continuous knowledge of and sympathy with a poor family's joys, sorrows, opinions, feelings and entire outlook on life" (Richmond, 1899, p. 180). Friendly visiting was "intensely personal work" (Richmond, 1899, p. 193), demanding great commitment and a dogged perseverance. The friendly visitor might take the children to her home in the country, or invite a mother to her kitchens for cooking lessons, or spend evenings teaching parlour games to the entire family. She was expected to bring humour and energy to the task, as well as "gifts of cooking, growing plants, pictures and simple decorations" (Richmond, 1899, p. 139).

While the friendly visitor had the power to arrange a child's removal, her prime tool was intimacy, by which she might translate her moral and social superiority into the influence to lift a family out of dependence. "They must get it just as our friends get an influence over us, by long, patient contact and by the slow, natural growth of friendship" (Richmond, 1899, p. 183). Relationships were characterised by a 'tough love' transparency. Once intimacy had been established the visitor told clients why relief was being withheld from them or that they had a dirty home, in order to raise their expectations and prompt their striving for a physically and morally cleaner life. She did so with energy and humour as "poor people are no fonder of dismal folk than the rest of us" (Richmond, 1899, p. 129).

Richmond described her clients with great warmth. She implored friendly visitors to abandon their prejudices and to see the poor as inherently worthy of compassion and respect. However, her protestant and liberal individualist values led her to emphasise the moral causes of dependence (D. L. Franklin, 1986). An important task for the case worker was to root out the 'undeserving' poor. She argued that careless charity undermined client self-determination and resourcefulness: "It helps a man to know that someone cares and will help him to find work; but it cripples him to let him feel that he can sit idle and let his friend do all the searching and worrying" (Richmond, 1899, p. 41). To avoid the moral pitfalls of worker over-indulgence and client dependence a  peculiar kind of reciprocity was required: "Would it not be well if, instead of always giving sympathy, we sometimes asked for it…Such mutual relationship broadens their meagre lives, and makes our contact with them more human" (Richmond, 1899, p. 185).

During World War 1 the casework model of child welfare won out over the alternative police and community development models (Ferguson, 1996; Jennissen & Lundy, 2011; Shoshani, 1984). SPCCs slowly expanded to offer a range of protective services beyond simple

court intervention. Their broadening remit included such concerns as "beating or other physical cruelty…children begging and accompanying an organ grinder…children sent out by parent or guardian to beg, attempted assault…abandonment of child, need of medical care, child found intoxicated, child living in immoral resort" (Carstens, 1921, p. 138). In 1909 the White House Conference on Children concluded that children should not be removed from their homes for reasons of poverty (Myers, 2004), signalling a shift in the official goal of child welfare work from removal to rehabilitation (Hendrick, 2005; Myers, 2004). By the 1920s protective services began to be situated within preventative child and family agencies and protection work was viewed as part and parcel of general child welfare practice (Antler & Antler, 1979; Hendrick, 2005; Jennissen & Lundy, 2011).

Child welfare was increasingly seen as a matter for the professional expertise, assessment and intervention embodied by Richmond's social diagnosis approach. This was partly fuelled by a positivist faith in the potential of "a treatment of behavior so scientific that results instead of being accidental will be subject to intention and prediction" (Taft, 1922, p. 3). It was partly political, as the COS gained from their active support for the war effort and collaboration with the Red Cross in meeting the needs of returning solders and their families. Richmond had close links with the medical profession; her address to the National Conference of Charities and Corrections (NCCC) in 1912 was entitled "Medical and Social Cooperation" and many medical students volunteered in the COS (D. L. Franklin, 1986). In the UK too doctors and NSPCC workers often conducted home visits together and the case files of both contained increasingly sophisticated medical tools like percentile charts (Ferguson, 1996). The social diagnosis approach used medical language and both it and the female-dominated discipline of social work

gained professional legitimacy from collaboration with an influential male-dominated medical profession which was rapidly expanding its reach.

As demand rose for assessments of eligibility and social situation, taking years to establish intimate knowledge of a family became impractical. In any case, the COS policy of "not alms but a friend" (Richmond, 1899) meant relationships with clients were often far from friendly. Systematic inquiry replaced long relationships as the basis for individualized service. The worker gathered facts, digging beneath the client's story by interviewing family, employers, neighbours and analyzing documents to construct "as exact a definition as possible of the social situation and personality of a given client" (Richmond, 1917, p. 51). The worker-client relationship became more goal-directed and the worker claimed a professional expertise which increased her emotional and social distance from the client. This was a time when "workers were universally thought to be wiser and better informed than clients, advice was one of the visitor's stocks in trade" (Woods & Hollis, 1964/1990, p. 116). While it remained important to be "sincere and direct and open-minded" (Richmond, 1917, p. 200), friendship was no longer the goal except as a means to secure useful information and exert influence. The tension between care and control, support and authority, was never far from the surface in this casework relationship and the pull of child welfare's policing function remained strong:

> Such words as "rescue", "prosecute" "investigate" "evidence" "compel" are found in abundance, while "assist" "persuade", "development of resources", "treatment" are almost wholly absent…Historically child protection is a police, law-enforcing movement. Today we practice some, and talk more, of case work methods. But the heritage of the past is a heavy burden and we have not freed ourselves from it.
> (Falconer, 1931, p. 2)

**1930 - 1960**

The Wall Street Crash of 1929 marked the beginning of a decade of depression for all western industrialized nations. Many privately funded agencies disappeared and caseloads in those that remained increased rapidly (Hendrick, 2005; Myers, 2004). Roosevelt's New Deal (1931) and Social Security Act (1935) in the United Sates, and creation of children's departments following the Beveridge Report (1942) in the United Kingdom, signalled a trend towards the state taking responsibility for filling gaps in family services. However many places, particularly in rural areas, remained without child protection services until the 1960's, leaving police and probation officers to operate a residual service along more traditional lines (Meyers, 2008).

Social workers found themselves with few resources with which to tackle the intractable problems of poverty and mass unemployment. They turned instead to the task of supporting individual adjustment through the resolution of intra-psychic difficulties. Clients of protective agencies were increasingly seen as needing skilled therapeutic casework. Since the end of the 19th century psychiatry had extended its professional reach beyond institutional control of the 'insane' to 'mental hygiene' (Alexander, 1972; Shoshani, 1984) and social problems like delinquency had been reframed as psychological problems requiring research and treatment rather than punishment or moral advice (W. Healy, 1915). These ideas had been passed on to social workers through close collaboration with psychiatrists during the war and in the child guidance clinics of the 1920s (Shoshani, 1984). By the time the crises of depression and the second world war had given way to relative prosperity in the 1950's, the social work profession was heavily committed to psychological theories that assumed "the environment was a given 'reality', 'normality' or whatever, and that the client was by definition 'maladjusted', or 'abnormal' in some way, and required 'treatment'" (Jordan, 1987, p. 25). Workers were keen to

take advantage of the new clinical opportunities offered by the creation of the welfare state and greater acceptance of public intervention into private life. The rise of fascism and advent of the Cold War also generated a climate of conservatism which supported the focus on individual pathology.

From around 1930 the therapeutic nature of the worker-client relationship became increasingly important. The psychodynamic theories of Freud, and the later ego theories of his daughter Anna and wayward prodigy Rank, attributed social dysfunction to undeveloped id and ego functions which could be modified through the therapeutic relationship. This therapeutic relationship became seen as the primary means by which workers understood the client's internal and external worlds and clients named and changed intrapsychic patterns (Biestek, 1957; Hamilton, 1951). It became a common perception that through the therapeutic relationship the social worker "opens doors and windows to let in air, light and sunshine, so that the client can breathe more easily and see more clearly" (Biestek, 1957, p. 106).

This period saw the emergence of two distinct approaches to generalist social work. The Diagnostic school inherited Richmond's focus on the interconnection of person and situation and the need for clear assessment. Treatment included environmental modification, psychological support, clarification and insight development (Woods & Hollis, 1964/1990). Clients of diagnostic social workers were still asked about their social histories, and the detail of early childhood, feeding and weaning experiences became more important (Hamilton, 1949). However, the client's "own statement of his own situation, his spontaneous expression of difficulties and wants "replaced" the tendency to try to extract from the patient by various devices the facts that we needed to have" (Hamilton, 1933, p. 517). This approach was informed by an understanding of the dynamic multi-causal nature of experience and interaction of subject

and object (Hamilton, 1941). The transference relationship was now recognized as a source of rich information and "while one can say that caseworkers do not *focus* on intrapsychic unconscious conflict as such, they must understand and be able to handle it as it shows itself in attitudes, behavior, adaptive and defensive structures" (Hamilton, 1949, p. 214).

Functionalist social workers saw their role as being to present what the agency could offer and allow the client to take full responsibility for his response. The social worker's job was to create a boundaried therapeutic space, in which clients could decide "what use will he make of the worker?" (Robinson, 1930, p. 136). Past history mattered only if the client brought it into the present relationship. It was through the relationship that the client discovered his will, both in opposition to the worker and through "the sense of security and protection which he derives from the relationship and…his tendency to identify with the worker and take over attitudes and interests which the workers suggests" (Robinson, 1930, p. 132). The helping relationship was the space in which the client struggled with conflicting lifelong desires to individuate and merge. Functionalist social workers saw this struggle as the means for the client to realize his innate capacity for self-determination and self-creation (Robinson, 1930; Smalley, 1967).

The psychotherapist Carl Rogers (1902-1987) developed these ideas into the 'client-centred' model for helping relationships which was to become a staple of social work education. He shared the functionalists' faith that "if I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth, and change and personal development will occur" (Rogers, 1951, p. 33). What kind of relationship best fostered psychic transformation and compensated for deficits of empathy and attunement in past relationships was the subject of an explosion of writing in the 1940s and 1950s by objects relations theorists (Klein, 1959; Sullivan, 1953/2003). Later the reparative therapeutic

relationship was to be described as a "holding environment" (Winnicott, 1965) in which the client received from the therapist the nurturing care, empathy and attunement which compensated for deficits in previous relationships and enabled the development of a healthy self (Mandin, 2007).

Common to diagnostic and functionalist approaches was the worker's wholehearted "acceptance of the other person as he is – in whatever situation, no matter how unpleasant, or uncongenial, with whatever behavior, aggressiveness, hostility, dependency, or lack of frankness he may manifest" (Hamilton, 1951, p. 52). Rogers described this as "unconditional positive regard", and "caring for the client as a separate person, with permission to have his own feelings, his own experiences" (Rogers, 1957, p. 98). This acceptance enabled the worker to see the client as an individual. It created the safe space in which the client could relax psychological defences so that "as the caseworker accepts him, the client begins to accept himself" (Biestek, 1957, p. 76). Acceptance was achieved through "a constant search for deeper meanings which the client may be struggling to express, rather than a passive toleration of the attitudes he may assert of the surface" (Robinson, 1930, p. 124). It demanded a non-judgmental attitude, which implied in social work not the absence of judgment altogether, but rather the refusal to allocate blame or disapprove of social conduct (Biestek, 1957).

The worker offered "warm human connection" (Robinson, 1930, p. 100), intimacy and a caring that some even described as love (Biestek, 1957; Robinson, 1930). Most importantly he offered a deep empathy for the client's experience:

The social worker must be a person of genuine warmth with a gift for intimacy. He

must be willing to enter into the feeling experience of another, willing to listen to the

other's view of his problem and willing to go patiently along with him in his struggles

for a solution. (Hamilton, 1951, p. 28)

This required the worker to be "freely and deeply himself" (Rogers, 1957, p. 95) in order to truly

listen and go beyond mere understanding to *feeling* with the client. The emotional identification

however, was limited by the need to ensure "the worker would not be personally lost in that

experience, be overwhelmed, depressed or elated by it" (Robinson, 1930, p. 170). The worker

had to maintain the self-awareness to "sense the client's private world as if it were your own, but

without ever losing the 'as if' quality" (Rogers, 1957, p. 99).

The worker's emotional connection with the client was controlled by the therapeutic

purpose of the relationship: "Professional relationships are not just friendly associations. Contact

is not for the sake of contact…The professional self is controlled towards the end one is serving

– namely to understand and meet the psychosocial needs of client" (Hamilton, 1951, p. 29). The

worker was neither a friend nor an equal and there was little room for spontaneity or reciprocity

in these carefully crafted relationships where the worker's intervention "must be a selective

response, which is guided by purpose, including the over-all purpose of this particular interview,

and the immediate purpose of the response" (Biestek, 1957, p. 59). Freudian and ego psychology

supported workers to set boundaries and to maintain a sense of detachment to allow full

expression to the client and enable the identification and management of transference.

Diagnostic social workers retained a clear authority to diagnose and treat, albeit with

client input (Hamilton, 1951). Functional workers used time limits, and agency procedures to set

the boundaries which motivated change and protected against excessive dependence (Smalley,

1967). Their role was to clearly present what the agency could offer, and allow the client to take

full responsibility for his response. All social workers needed "fairness and scrupulous honesty

with himself, as well as with the client. The worker should not connive with the delinquent, no more than he should be pulled into the client's neurosis" (Hamilton, 1951, p. 289). Self awareness and self-management were essential.

The transition to these more therapeutic relationships happened as "a painful, slow, creaky process of wresting workers away from longstanding habits of practice, rather than as a sudden 'deluge'" (M. H. Field, 1980, p. 399). Even within preventative family agencies evidence of a more therapeutic approach varied from worker to worker well into the 1940s (Woods & Hollis, 1964/1990). Intensive therapeutic work was often referred out, leaving protection workers with more of a monitoring and advocacy role (Skehill, 2010). It may be true that "the average social worker, whatever her setting, usually confronted a caseload too large to permit the differential social diagnosis envisioned by Mary Richmond, let alone the intensive examination and therapy symbolized by the child guidance movement" (Lubove & America, 1965, p. 104).

By the 1950s social work journals were beginning to discuss a new casework approach for involuntary clients. The courts were perceived to be the appropriate venue to manage the "small proportion of persons… so resistive to guidance, where neglect and pathology are gross" (Hamilton, 1951, p. 290), but until this time workers had had little guidance about how to combine court intervention with casework relationships founded on acceptance and empathy. The conceptualization of the therapeutic 'holding relationship' did not extend to holding clients against their will. The functionalists demanded practice that was "individual, non-moral, non-scientific, non-intellectual, which can take place only when divorced from all hint of control" (Taft, 1933, p. v). There was general agreement that casework based on client self-determination was incompatible with the use of authority exerted either through covert 'persuasion' or legal sanction (Biestek, 1957; Rogers, 1951). There was nothing in the diagnostic approach to prevent

the combined use of care and control; Richmond had done this from the beginning of the century. However until the 1950s there was little recognition that these involuntary relationships might need a different approach.

This posed problems for child protection work. Workers carrying protection responsibilities were accused of being embarrassed by the overt use of authority, and practicing as if they were in child guidance clinics (Beck, 1955). The shift to more therapeutic work led to the exclusion of "the extremely disturbed and disorganized persons who had received attention from the protective agency" (Beck, 1955, p. 2) but were now viewed as poor candidates for successful treatment. Social workers became so "concerned with the neurotic… that treatment became so pre-occupied with the inner life as almost to lost touch with outer reality" (Hamilton, 1958, p. 22). Protective workers were accused of ineffectiveness, manipulation and failing those who needed them most (Keith-Lucas, 1953).

New "aggressive" (Overton, 1953) casework techniques began to be developed through work with juvenile delinquents and their families. These included home visits, meeting client attempts to withdraw from service with increased contact, and holding on to the belief that contact was beneficial, whether it was wanted or not. Ego-psychology justified the clinical use of "restraint of impulses" (Hamilton, 1951, p. 46) to meet the client's child-like need to develop ego-strength through a period of enforced dependency (Studt, 1954). Workers were advised to be clear at the beginning of service about abuse concerns, the restrictions on themselves and their clients and the areas for negotiation (Beck, 1955). They needed to be comfortable using their social authority to motivate, re-educate and treat clients (Studt, 1954). They were advised to deal immediately with negative transference and accept the client's increased need for dependency due to their reduced social status (Studt, 1954). Workers had first to translate their social

authority to psychological authority before they could motivate clients to become self-determining. However, as evidenced by contradictions in statements about the use of authority, considerable ambivalence remained:

> Social workers are discovering how a positive use of authority and a certain tenacity can help clients to induce inward change. Social workers are interested in no practice which invades the civil rights of individuals, which usurps the proper power of the courts, or which puts them in the position of arbiters of social morality. (Beck, 1955, p. 19)

By the beginning of the 1960s increasing interest was being paid to "the suddenly visible poor, to endemic civil and social wrongs suffered by minorities, to rotting slums and rising crime" (Perlman, 1979, p. 14). Social workers started to turn their attention outwards again and the frontline worker added locator of service, interpreter of need, mediator and advocate to her job description (Woods & Hollis, 1964/1990). The functions of the casework relationship expanded to include "manipulation of the environment, reassurance, persuasion, direct advice and guidance, suggestion, logical discussion, exercise of professional authority and immediate influence" (Woods & Hollis, 1964/1990). While the two dominant generic practice models of psychosocial (Hollis and Woods, 1964) and problem-solving social work (Perlman, 1957) were very different, they shared a common view of the worker-client relationship. It continued to be a therapeutic space in which to challenge dysfunctional relational patterns and build ego-strength. However the relationship once again became more of a means to the end of intervention into the wider systems in which it was embedded.

Central to the social work relationship was the client's faith in the expertise and professional authority of the worker. The worker "is accorded a leadership or pattern-setting role in some area of living. In such a relationship the individual either identifies with and imitates the worker, or subscribes to the worker's values, or accepts his or her assessment, suggestions and advice (Woods & Hollis, 1964/1990, p. 94). This was a one way relationship "from helper to help seeker" (Perlman, 1979, p. 67), in which there was considerable room for education and frank advice.

The worker's role was to lead and push for change: it was this "expectation of becoming" that led Perlman to reject Roger's definitions of unconditional positive regard and nonjudgmentality. It was balanced, however, by the functionalists' faith in partnership with the client as self-determining expert on his own situation and an active participant in all stages in the work. The relationship was "an undertaking in which two people work together on a problem. They have mutual respect and mutual interest in improving the client's well-being. Frankness and openness contribute to a feeling of mutuality" (Woods & Hollis, 1964/1990, pp. 110-111). The client had the power to reject any plan. Precise and clear communication averted misunderstandings and hidden agendas. Honest, direct and rational negotiation of the work culminated in explicit contracts. Lengthy relationship-building was not a prelude to assessment; the worker headed straight into eliciting the client's view of their problems with courage, curiosity and frequent checks on her own and client understanding.

Empathy, warmth and acceptance remained necessary, although insufficient, conditions for effective and meaningful work. The client needed "compassionate connectedness along with the rent money," (Perlman, 1957, p. 53) because the very act of requesting help raised feelings of vulnerability and resistance which would undermine participation unless met with genuine

concern. "The creative but controlled "use of self" requires that the worker keep a constant and conscious balance between head and heart, distance and closeness" (Woods & Hollis, 1964/1990, p. 206). This balance was achieved by a clear orientation to professional role and therapeutic purpose. Reassurance, acceptance and compassion were exercised as "sustaining techniques" (Woods & Hollis, 1964/1990) which were to be calibrated in accordance with the client's needs. There was "continuous movement between momentary merging with his client/patient and regaining his objective stance as a professional responsible assessor and actor on the client's behalf" (Perlman, 1957, p. 59). The worker used time and self-reflection to manage her transference to keep a clear and objective focus on the client's needs. In conflicts between professional and personal responses the professional response was required by social workers who were

> supposed to be warm, empathic, caring about each and all of the people who need
> their help. And then they encounter . . . the surly man who has beaten his baby into
> unconsciousness; the bedraggled woman who locked in her three hungry children
> while she sat at a neighbourhood bar. Can one genuinely care for such persons?
> (Perlman, 1979, p. 99).

Perlman answered that if she did not really care, she needed to act as if she did, as all contact needed to serve a therapeutic purpose.

The psychosocial and problem-solving models both claimed to address the needs of involuntary clients, although they proposed different techniques to do so. Perlman advised the worker to see client resistance as the first problem to be addressed. Client and worker examined it together using transparency and curiosity before moving on to other problems once common interests had been established. Woods and Hollis claimed the combination of "sustaining

techniques" and satisfaction of material needs to be particularly effective: "With the "hard to reach" much generous "doing for" may be necessary to overcome the stereotype of the caseworker as an interfering hostile do-gooder" (1964/1990, p. 40). Common to both approaches was the idea that resistance was a time-limited issue which, once addressed, was unlikely to reappear. The overt use of social authority remained a last resort and a failure of the therapeutic relationship. If it was necessary it should be executed with sufficient confidence to override the client's temptation to resist.

This type of relationship demanded a high degree of clinical skill. It was developed at a time when "weekly conferences of several hours were held regularly for discussion of complicated or baffling cases" (Woods & Hollis, 1964/1990, p. 16). There were frequent recommendations for social workers to seek personal therapy and skilled supervision (Smalley, 1967; Woods & Hollis, 1964/1990). They needed emotional maturity and "a sense of wholeness, of being put together, of knowing who and what one is, what one's guiding values are, and as a result, of being on fairly good terms with oneself" (Perlman, 1979, p. 60). As Perlman added, "That's a tall order" (p. 60). It is questionable how much workers in mainstream child welfare agencies were able to build these relationships involving "the demanding self-discipline, the self-controlled practice, the putting themselves out, the steadfast giving, the tasting and bearing of the pain of others or the slings and arrows of some of the outrageous person and problems they encounter" (Perlman, 1979, p. 203). They did not have much time practice before the "discovery" of physical abuse made this complex kind of relationship practically unattainable.

**1960 - 1990**

While there was a recognition that the interests of the adult client and her children may conflict (Perlman, 1957), a popular view mid-century was that deliberate or wilful maltreatment was extremely rare (Lynch, 1985). This began to change after 1962 when an American pediatric radiologist co-wrote a paper entitled "The Battered-Child Syndrome" (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). It was quickly followed by papers on the same subject by doctors in the United Kingdom (Griffiths & Moynihan, 1963) and Australia (Wurfel & Maxwell, 1965).

Doctors had questioned unexplained fractures in children in the past (Caffey, 1946; Lynch, 1985), but these papers caught the attention of media and led to a redefinition of child protection work. Its prime concern became physical injury, not neglect and delinquency. This new definition of child abuse was heavily promoted by a powerful medical profession, and in particular by pediatricians, diagnostic radiologists and forensic pathologists who were keen to use increasingly sophisticated technology to expand into new professional territory (Wattam, Parton, & Thorpe, 1997). In the UK the NSPCC seized the opportunity to carve out a new role to compensate for their declining power as public authorities took over front line work. It established a research unit dedicated to publicizing this new understanding of child welfare (Parton, 1979).

In this newly medicalised discourse, abuse was perpetrated by the "character-disordered family" (Anderson & Shafer, 1979). Such families needed treatment (Howe, 1992) and this required social workers to resume a role similar to that of the "socially diagnosing" workers of the 1920s. As Kempe said, "Early on you need a very careful diagnosis of family abnormality. About 80% of our cases are dependant, inadequate, yearning people…another 10% are, frankly,

mentally ill. They are paranoid schizophrenics, psychopathic personalities, aggressive psychopaths" (1973, p. 805). While social work as a whole had begun to embrace structural explanations for social problems, with the help of ecological (Germain, 1978) and systems theories (Pincus & Minahan, 1973), child protection practice moved back to ideas of individual pathology. There was some resistance. For instance, a proposal was made to the 1973 United States Senate hearings on the Child Abuse Prevention Act that abuse be defined as "inflicted deficits, or gaps, between the specified rights and the actual circumstances of children, irrespective of the sources or agents of the deficits: Every child…should be entitled to equal social, economic, civil, and political rights" (Gil, 1975, p. 112).  However at a time of great optimism in medical science, individualized treatment and re-education for physically abusing parents promised cheaper rewards than the long-term structural interventions necessitated by seeing abuse as a problem of neglect and neglect as a problem of poverty.

In America in 1963 responsibility for child protection investigation was still spread across police, social work and public assistance agencies and many cases fell through the gaps (Besharov, 1985). The new focus on physical abuse led to a decade of theoretical and administrative confusion as governments scrambled to reorganize their statutory systems, and referrals rose with the implementation of mandatory reporting and an expanding definition of abuse to include "practically every physical and emotional risk to children" (Newberger & Bourne, 1978). Resource constraints increased the need for child protection to adopt simple, short-term intervention models. Indeed science itself seemed to support this shift as researchers suggested that it was the first few sessions of the therapeutic encounter that produced change (Reid & Shyne, 1969) and that traditional psychotherapy was ineffective (Eysenck, 1952). There was increasing interest in behaviourism (Thomas, 1970) and the emerging casework approaches

of crisis intervention (Rapoport, 1970) and task-centred work (Reid & Epstein, 1972). Neither crisis intervention nor task centred methods were intended for involuntary clients or those with the chronic difficulties experienced by those child welfare clients for whom "being in a state of crisis is a life style" (Rapoport, 1970, p. 304). However all three approaches became integrated into child welfare social work education.

From the mid-1960s court referrals for child welfare cases increased rapidly (Newberger & Bourne, 1978), with influential figures arguing that every case reported by a doctor should be brought before a judge (Kempe, 1973). In England the trend was accelerated by the first public inquiry into the death of a child involved with child welfare services, after seven year old Maria Colwell was killed by her stepfather (Parton, 1979). Amidst a moral panic fuelled by the media, concerns about children falling through the cracks of the newly organized public system and the New Right reaction against an over-interventionist welfare state (Howe, 1998), the British government seized the chance to take a clear stance on a popular issue (Parton, 1979). This and subsequent inquiries established the judiciary as the final arbiter of child protection decisions and indeed of the health of the entire protection enterprise. They implied that "not only is social work secondary to the law and can only be understood within its legal framework, in effect social work activity is the functioning of one area of the law in practice" (Parton, 1986, p. 514). In the United Kingdom, police quickly became integral members of the Area Review Committees established in 1974 to oversee protection cases (Parton, 1979) and the focus shifted from welfare to justice (Howe, 1992), from helping to the gathering of evidence.

With the remit of child welfare redefined as deliberate abuse, it was easy to make the case for specialist services, distinct from mainstream supportive social work. Legislation like the 1974 Child Abuse Act in the United States established this specialist child protection system. As

the rights of parents and their children became defined as dichotomous within an adversarial legal-based system, the goal of intervention shifted to protecting children from their parents rather than returning the whole family to healthy functioning (Howe, 1992). The rising tide of neo-liberal residualism, financial cuts and contracting out of supportive services during the 1980s (Scarfe & Sullivan, 2007) accelerated the trend for workers to be seen as information-seekers rather than helpers. Increasing attention to the substantiation of child protection reports left statutory workers little time for therapeutic work. One study found child protection meetings focused so heavily on establishing the details of the child abuse or neglect that an average of only nine minutes was left for discussion of an intervention plan (Farmer & Owen, 1995). In America the average family under supervision received five visits in six months, "after which the case is closed or forgotten in the press of other business" (Besharov, 1985).

The casework methods that emerged in the 1970s required workers to take a more directive role with their clients. As a "behavioural engineer" (Sheldon, 1982) the worker taught clients to record their behavior and rehearse new skills, and sometimes directly delivered positive or negative reinforcement. In task-centred work he used "systemic communication" to facilitate the negotiation and completion of contracted tasks (Reid & Epstein, 1972). In crisis intervention he met the client's need for leadership until homeostasis was regained (Rapoport, 1970). Drawing on social learning theory (Bandura, 1977) the worker offered advice, encouragement and education. This approach required greater transparency than past "pseudo-therapeutic and indirect methods of influence" (Reid & Epstein, 1972, p. 112). The worker was to openly explain her specialized techniques and theories, share her hypotheses to reduce client anxiety, and justify her choices "since the client's co-operation is an obvious requirement for successful casework, and since he can cooperate better if he knows what the caseworker and he are supposed to do"

(Reid & Epstein, 1972). The relationship was now more openly acknowledged as a partnership in which the client rationally gave power to the worker who used her professional expertise to lead him through a process of recovery.

In this conceptualization of the worker-client relationship the worker's leadership was no longer balanced, as it had been in the previous conceptualisation, by a nurturing therapeutic role. Psychoanalytic theory was going out of fashion, taking with it the ideas that intimacy and an acute sensitivity to the transference relationship were necessary to understand the client. Empathy had been recognised as an important variable in the psychotherapy literature (Truax & Carkhuff, 1967), but in social work now tended to be conceptualised more as a cognitive skill to ensure responsiveness to the client's meaning than an emotional experience for either client or worker. This change should not be exaggerated. A positive, trusting and warm and mutually respectful relationship remained the foundation for client engagement. The client still needed to feel that the worker had her best interests at heart and "the worker must maintain conventional, culturally patterned civility . . . is courteous, friendly, and open with clients and others in the modification effort" (Thomas, 1970, p. 197). However ideas of care and nurturing were less prominent in cognitive approaches and indeed were to be seen as increasingly problematic in light of the social worker's growing use of her mandated authority:

> The effect of the present public relations over-kill is to mystify and deceive both
> client and worker as to the potential outcome of their transactions. Both parties are
> placed in continual double binds with regard to honesty, confidentiality, ethics and
> morality. In the old days an "agent" of the Society went out to "investigate" a
> "report". Today that isn't done. The community sends out a "social worker" to extend

"casework services" in response to a "request" from one of its members (Fortin,

1975, p. 87).

During the 1960s and 1970s parents involved in child welfare services were increasingly

defined as different and dangerous: "the fact is that some parents don't like their children. They

hate them" (Kempe, 1973, p. 804). In child welfare literature of the period parents were

described as untrustworthy and unable to engage in a helping relationship: "The lack of normal

conscience and behavioral control, the dangerous and repetitive acting out of these adults, the

unreliability of their promises all make authoritative intervention imperative for the protection of

children" (Anderson & Shafer, 1979). For them, the coercive use of mandated authority was

deemed acceptable and "may actually be therapeutic; that is, they need the pressure of protective

services or the court to enable them to focus on the problems" (Faller, 1985).

The relationship between child protection workers and clients was heavily influenced by

the new emphasis on investigation (G. Jack, 1997). Howe described the worker's increasingly

authoritative stance: "Clients are expected to comply and conform; they are not diagnosed,

treated or cured. If they know the rules, it's up to them to decide whether or not to abide by

them" (1996, p. 88). Workers were criticized for naivety and excessive optimism (Blom-Cooper,

Beal, Brown, Marshall, & Mason, 1985) and were encouraged to develop a more forensic,

policing approach (Besharov, 1985). This required professional objectivity and emotional

detachment, leading to accusations that "the protective worker will become the IBM of the

profession: proficient, efficient, straight, but not terribly human" (Fortin, 1975, p. 92)**.**

The rising tide of neo-liberal residualism, financial cuts and contracting out of supportive

services during the 1980s (Parton, 1994, 1998; Scarth & Sullivan, 2007) accelerated the trend for

workers to be seen as information-seekers rather than helpers. The intrinsic therapeutic value of the worker-client relationship was largely disregarded. The child protection literature of this period emphasises the science of interviewing, intervention techniques and risk assessment over relational skills. Removals increased, the media ravaged the public reputation of child protection workers (Ayre, 2001) and parents retreated from voluntary involvement with statutory authorities (Meddin & Hansen, 1985). When it took several visits to even contact increasingly alienated clients (Faller, 1985) it was harder to build meaningful relationships. Even investigations came to rely more on information from other professionals than from clients themselves.

Arguably the increasing use of facilitated interprofessional conferences and alternative dispute resolution processes increased the physical and emotional distance between client and worker. Ecological systems theory (Germain, 1978) had contributed to the perception that abuse was a multi-faceted social problem too complex to be managed by any one profession. From child protection conferences to family group decision-making conferences and mediations, social workers slowly handed much of the skilled work of negotiating plans over to 'neutral' third parties. Time for direct work with parents was increasingly taken up with passing information from investigation and surveillance around the interprofessional network (Parton, 2008) and managing inter-professional relationships (Reder & Duncan, 2003). Child protection workers were described as information managers in bureaucratic systems which depersonalized clients by categorizing them according to their assessed risk status in a futile attempt to render them predictable (Blaug, 1995; Howe, 1992).

This conceptualisation of the worker-client relationship did not exclude empathy and compassion and some child protection clients reported feeling valued and cared for by their workers (Winefield & Helen, 1995). Davis (1995) found that meeting child protection clients'

needs for nurturing was an important strategy to gain compliance. However immediate material help was emphasized over unconditional acceptance as the basis on which a trusting relationship might be built (Faller, 1985). The investigative and helping roles, the goals of client self-determination and mandated behavior change, were widely seen as incompatible (Parton, 1995; Rothman, 1989). Role conflict was blamed for burnout (Drews, 1980) and protective social workers were painted as depressed, detached from their clients and overwhelmed by professional demands (Fryer Jr, Poland, Bross, & Krugman, 1988).

## 1990 - Present

By the 1990s, a series of scandals involving children removed from their families after flawed sexual abuse allegations was widely seen as evidence that the over-interventionist child protection system had lost its way. In the United States child protection reports had tripled since 1980 (Berg & Kelly, 2000) and the alarming recidivism rate raised concerns as to the ineffectiveness of the response (Faller, 1985; Inkelas & Halfon, 1997). Similar trends were seen in Canada, Australia and the United Kingdom (Lonne, Parton, Thomson, & Harries, 2008). Most reports were of neglect and did not fit the narrative of dangerous physically and sexually abusing parents which underpinned the investigative approach. Most cases were closed without services being provided (Parton, 1997).

Calls for greater client participation in services since the 1970s (Fortin, 1975; Mayer & Timms, 1970) became more urgent in light of the devastating impact of investigations on families (Cleaver & Freeman, 1995). Supporters borrowed the participatory discourses of feminism, community development and the disability rights movement (K. Healy, 1998). They were joined by neoliberals and consumerists on the political right who looked to market

principles and user involvement to correct inefficient and unaccountable public services (Croft & Beresford, 1994). Psychotherapy researchers had convincingly demonstrated the importance of a positive worker-client relationship in effecting change (Horvath & Symonds, 1991; Orlinsky, Ronnestad, & Willutzki, 2004). A discourse of partnership with self-determining clients connected to extensive informal resources (Coady, 1993) offered statutory agencies the opportunity to target protection services and divest responsibilities back to families (Parton, 1997) at the same time as engaging clients more effectively (Dumbrill, 2006). This led in the United Kingdom to the 1989 Children Act which can be seen as the first legislative attempt to make child protection work more about partnering with parents than policing them (Lonne et al., 2008).

Many jurisdictions implemented differential response systems (T. Hetherington, 1999; Marshall, Charles, Kendrick, & Pakalniskiene, 2010; Merkel-Holguín, Kaplan, & Kwak, 2006; Trocmé, Knott, & Knoke, 2003). These rested on the assumption that different types of case warranted different responses and that the prevalent practice of leaving families until their situations had deteriorated sufficiently to be deemed high risk was reactive, inefficient and dangerous for children (Waldfogel, 1998).  High risk cases, typically those involving imminent harm, serious physical injury or sexual abuse, were still investigated (Kaplan & Merkel-Holguin, 2008; Merkel-Holguín et al., 2006). However even investigating workers were expected to pay more attention to parental rights to participate in decision-making processes (Bell, 1999). In child protection cases deemed to involve lower risk an alternative to investigation was offered.

Most child welfare systems today offer some kind of differential response. The format differs widely across jurisdictions, and is delivered both by statutory child protection agencies and community agencies on their behalf  (Conley, 2007). However core components of

differential response approaches are a family assessment, collaborative approach to meeting a child's needs and emphasis on services rather than surveillance (Kaplan & Merkel-Holguin, 2008). There is no formal determination or substantiation of child abuse or neglect and, although parents are often advised that service refusal may lead to mandatory child protection intervention, their involvement in differential services is at least nominally on a voluntary basis.

By pursuing alternative responses to investigation it is intended that "the family voice and commitment for child and family safety and well-being is leveraged, underscoring the notion of child protection as a shared concern and responsibility" (Christenson, Curran, DeCook, Maloney, & Merkel-Holguin, 2008). This is the same idea that underpinned the introduction of a raft of new family involvement processes, from family case planning conferences to family group decision making conferences and mediation. Indeed in many jurisdictions differential response and family involvement strategies have been promoted not as discrete strategies but intertwined in a new "partnership" approach (Christenson et al., 2008; Comer & Vassar, 2008). One example of this has been the British government's attempt to move beyond the provision of differentiated child protection and family services to create an integrated service oriented to the needs of families and 'safeguarding' children's wellbeing rather than simply protecting them from neglect and abuse (Parton, 2006). Strengths-based solution-focused practice is widely seen as another means to enact the principles of parental partnership and participation and to provide a differential response that takes into account the unique features of every family.

The new emphasis on parental participation saw the emergence by the mid 1990's of a more complex model of the worker-client relationship. However the shift to a more participatory relational model was difficult as it was "welded onto a system for classifying risk which, arguably, was not constructed properly to support it" (Bell, 1999). Parents were often 'groomed'

for participatory events (Bell, 1999) and their success relied on their willingness to accept and demonstrate contrition for the social worker's version of concerns (Holland, 2000). Workers were often committed to the idea of partnership but "despite the rhetoric of participation, professionals did not encourage parents to share their views and understandings . . . and did not welcome information that undermined or obscured the clarity of their point of view (Corby, Millar, & Young, 1996). Indeed partnership was seen as a troublesome concept when conflict was so central to the work (Corby et al., 1996). Arguably it was only the introduction of solution-focused and strengths-based ideas to child protection practice that provided the theoretical foundations for a change in the working relationship.

## Current Contextual Challenges

A number of features of contemporary child protection systems appear problematic for the implementation of strengths-based ideas. These are discussed in the next section.

### 1) Systemic Pressures

Today's frontline child welfare workers frequently carry high caseloads and operate with insufficient resources (Bennett et al., 2009; Herbert, 2003). The assumption of strengths-based solution-focussed approaches that "most people can change their behavior when provided with support and adequate resources" (Berg & Kelly, 2000, p. 63) may not translate well to contexts in which support and resources are less than adequate. Clients often experience multiple chronic problems which are not easily resolved even in the context of a positive working relationship. Change often relies on scarce services with long waitlists and on people outside the worker-client dyad.

There are strong environmental pressures to retreat to relationships organized around the risk assessments still needed by courts and child protection systems, and risk management has become a central organizing feature of child welfare work (Houston, 2000; Parton, 1998, 2011; Smith & Donovan, 2003; Spratt, 2001). Procedural and information management responsibilities have been identified as undermining the ability of child welfare workers to exercise clinical judgment and to build relationships with clients (Parton, 2008). Workers operate within systems designed more for managing client volume than for clinical effectiveness and must work within organizational policies based on priorities that they may not share (Hasenfeld, 1987; Lipsky, 2010). In order to cope child welfare workers have been found to reinterpret strengths-based policies in ways that allow them to routinize their case management, de-prioritize anything not seen as a core function, and withdraw from client contact (Smith & Donovan, 2003). This means that social control is arguably still the dominant feature of the child welfare role (Scourfield & Welsh, 2003).

**2) Worker Capacity**

Strengths-based solution-focused work requires the worker to hold on to a genuine faith in the client's potential to change and to continually instill this hope and the optimism in the face of disappointments. We do not know what happens to the worker-client relationship when the workers stop feeling the optimism on which it relies. The question is important as high levels of stress and the combination of emotional exhaustion, depersonalisation and low self-efficacy that constitutes burnout are typical in child protection work (Boyas, Wind, & Kang, 2012). Worker turnover is high (Boyas et al., 2012; Cyphers & Association, 2001; K. Healy, Meagher, & Cullin, 2009). This means that child protection agencies have increasingly recruited graduating social

work students (Cyphers & Association, 2001) and the frontlines are manned disproportionately by inexperienced workers at the beginning of their careers (K. Healy et al., 2009).

Child protection workers rarely receive the reflective case consultations and relationally-oriented supervision that has been linked to the sense of containment necessary for relational practice (Ruch, 2007; Trevithick, 2003). While solution-focused practice is a therapeutic model child protection workers no longer see themselves as therapists and typically lack training in therapeutic work (Yatchmenoff, 2005) and competence in counselling skills (Forrester et al., 2008). As Healy et al. (2009) comment, "Many workers are simply not in the role long enough to develop the strong body of context-based knowledge and skills required for expert child protection practice" (p. 301). The opposite problem has also been identified in that social worker education can reinforce the orientation to helping and sense of professional expertise which can stand in the way of the genuine appreciation of client capacity required for strengths-based solution-focused work (Blundo, 2001; Grant & Cadell, 2009).


## 3) Violence

We know little about the way in which social workers reconcile the new emphasis on openness, honesty and use of self with the anxiety (Ruch, 2007) and "pervasive sense of powerlessness and fear" (Barter, 2008, p. 94) associated with child protection work. Child protection workers are at significant risk of violence and abuse (Ferguson, 2005; B. Harris & Leather, 2012; Littlechild, 2008). One study of Canadian workers found more than half reported receiving threats of violence and almost a quarter reported being assaulted by a client (Regehr, Hemsworth, Leslie, Howe, & Chau, 2004). Their declining public reputation and increasing use of mandated authority over the last 40 years means they are often perceived as unwelcome intruders into

clients' lives. Paradoxically, the recent shift to emphasize family support over investigation may increase the risk of violence, as it leaves both worker and client with more ambiguous roles and increased uncertainty about power (Littlechild, 2008). It is hard to reconcile the picture of the worker who feels relief when the door is not answered (Ferguson, 2005) with Turnell et al's (2008) description of the strength-based worker who jokes in the face of an angry, screaming client in his isolated apartment late on a Friday afternoon. In situations of threat workers may engage in protective strategies focused more on pleasing or avoiding their clients than on establishing cooperative partnerships (Calder, 2008a; Ferguson, 2009; Goddard & Tucci, 1991; Stanley, Goddard, & Sanders, 2002).


**4) Mandated Authority**

In countries like Canada, United Kingdom and United States, contemporary child protection operates in the grey area of "semi-compulsion" (R. Hetherington, 1998). The threat of court intervention is ever present but normally so distant that it does not dominate contacts with clients. This creates the potential for what Mary Richmond identified in 1917 as the "temptation to indirectness, subterfuge, concealment or ambiguity, in which you might drift in spite of yourself while striving to help" (p. 109). Even when workers are clear about their mandated authority, the emphasis on validating the client's perspective, starting every session "what is better?" (Berg & Kelly, 2000) and building cooperation by amplifying client successes may obscure the worker's power. Some clients already assume that workers act for them and are unaware of alternative loyalties to the child, the courts and the employing agency (Regehr & Antle, 1997) and social worker discomfort with power means it tends to be downplayed or

denied (Bar-On, 2002; Bundy-Fazioli, Quijano, & Bubar, 2013; R. Hetherington, 1998; van Nijnatten, Hoogsteder, & Suurmond, 2001).

It may be difficult to resolve contradictions between the client's narrative truth, on which the strengths-based solution-focused working relationship is built, and the historical truth demanded by courts and the quasi-legal processes on which child protection depends. An extreme example of this is the "similar but different" technique that developed through strengths-based solution-focussed work with parents who deny child abuse concerns (Turnell & Essex, 2006). The worker leads the parents through role plays featuring hypothetical abusive clients to enable them to demonstrate knowledge of children's safety needs while maintaining their position of denial. While the worker is warned not to trick clients into confession or analyze the results for historical truth, there is little guidance on how to use sophisticated therapeutic manoeuvres like these without including the unintended results in formal assessments. Clients can be tricked by empathy into disclosures that may later by used against them (Strasburger, Gutheil, & Brodsky, 1997) and the potential for the worker-client relationship to end in accusations of betrayal after professionals testify has led to clear recommendations from some mental health practitioners to separate therapeutic and forensic roles (Greenberg & Shuman, 1997, 2007; Wright & Odiah, 2000).

## 5) Differing Perspectives on Good Practice

As has been the case since the birth of the modern child welfare movement, frontline workers navigate conflicting messages as to what constitutes good practice. Over the last decade the increasing prominence of relational social work and approaches specific to mandated clients have brought to light some of these tensions in theoretical perspectives.

### *Relational Social Work*

The development of strengths-based solution-focused child protection approaches can be seen as part of a broader trend in generalist social work over the last decade towards relational (or relationship-based) work. This has been informed by attachment theory (Howe, 1998), feminist relational theory (Freedberg, 2009) and the relational psychodynamic paradigm (Borden, 2000; Ornstein & Ganzer, 2005). Relational social work is based on the ideas that humans develop in relationship to others and to their environment and the worker-client interview is a therapeutic space in which the client learns experientially through an accepting, nurturing and empathic relationship. The creation of a healing relationship is both an end in itself, and the means to better assessments and more effective client connections with the broader social environment (Trevithick, 2003).

In this approach both client and worker are active participants in the relationship, influencing and influenced by each other (Freedberg, 2009). Each have a stake in defining the nature and intimacy of the bi-directional relationship (Alexander & Charles, 2009; O'Leary, Tsui, & Ruch, 2013). Rather than containing the emotional reactions of self and client by setting rigid interpersonal boundaries, the worker engages with, interrogates and learns from them (Freedberg, 2009; Ornstein & Ganzer, 2005). Indeed she may intentionally seek intense emotional attunement to make herself vulnerable and open to the client's experience (Freedberg, 2009). The separation of the personal and professional selves is neither possible nor desirable (Mandell, 2008). The worker can feel, disclose and therapeutically use deep emotional empathy, compassion and even love for the client (Maidment, 2006). She constantly shifts between assessing her own and her client's feelings (Freedberg, 2009) and engages in ongoing reflexivity

to ensure use of self is in the service of the client (Mandell, 2008; Ruch, 2005). According to

Weick (2000), this means that the caring and caretaking at the heart of social work is reclaimed.

It is notable that little of the relational social work literature engages with the question of power

and how practitioners might concurrently negotiate intimacy and authority.

Client research supports the call to move further towards relationships characterized by

caring, empathy and reciprocity (Beresford, Croft, & Adshead, 2008; Coady, 1993; Ornstein &

Ganzer, 2005; Schreiber, Fuller, & Paceley, 2013). Clients want workers to put aside their

professional authority and prejudgments (Drake, 1994) and demonstrate "compassionate

ordinariness" (Huxley, Evans, Beresford, Davidson, & King, 2009). Although worker expertise

is important, more so are the natural "human qualities of kindness, warmth, compassion, caring,

sensitivity, empathy and thoughtfulness" (Beresford et al., 2008). Clients want social workers

who show their humanity by being honest, down-to-earth, sharing their emotions and disclosing

information about their lives (De Boer & Coady, 2007; Schreiber et al., 2013). They want

relationships which are comfortable and friendly and that make them feel listened to and cared

about (Ghaffar, Manby, & Race, 2012; Schreiber et al., 2013). Perhaps most surprisingly some

value positive relationships with social workers as real friendships, characterized by mutual

affection, informality, reciprocity and strong emotional bonds (Beresford et al., 2008; De Boer &

Coady, 2007).


*Mandated Relationship Approaches*

Solution-focused child protection theorists join the small number of contemporary social work

authors (Barber, 1991; Ivanoff, Blythe, & Tripodi, 1994; Rooney, 2009; Trotter, 1997, 2006)

who suggest that mandated work needs to proceed on a different basis from work with the

"vulnerable voluntary" (Rooney, 2008, p. 116). As Ferguson (2005) writes, "Empathy, sensitivity, warmth and Rogerian 'unconditional positive regard' are still consistently identified as what social work should be about. But these are deeply problematic in work with involuntary clients" (p. 793). For many parents of children deemed to be at risk of abuse or neglect, engagement with child welfare services is unwelcome. This suggests the value of models of engagement from social work and other fields of practice like corrections and compulsory mental health treatment that specifically address the needs of mandated clients.

Much writing about mandated clients draws on social exchange theory (Cook & Rice, 2006) and cognitive behavioural theory (Sheldon, 2011). It suggests the client is a rational decision maker who makes change if it is in his interests to do so. To make rational decisions the client needs reliable information. This makes transparency about authority, goals and process one of the most important requirements of the casework relationship. Explicit discussion of the worker's role and authority is the foundation of the working alliance. It teaches the client the limitations of the relationship, what is and is not negotiable and enables the client to perform her role (Barber, 1991; Ivanoff et al., 1994; Rooney, 2009; Trotter, 2006). It maximizes the congruence between worker and client expectations which in turn increases the chance that clients will experience the relationship as supportive (Svensson, 2003). Trotter found that child protection clients tend to be confused about the role of their social worker, perceiving them as friend and helper or as supervisor and investigator, but rarely as both (Trotter, 2004). Those who understood clearly that their workers held a dual surveillance and helping role tended to have better outcomes.

This open discussion about the nature and limits of the casework relationship is more than an initial engagement strategy, but revisited regularly through the life of a case. The worker

strives for honesty and consistency in the management of rules and decisions rather than positive feelings and mutuality (Calder, 2008). Trotter takes this furthest by asserting that "whether clients are voluntary or involuntary they have a right to know about a process whereby their attitudes and actions may be influenced or changed" (Trotter & Ward, 2013, p. 10). He advocates explaining to clients how therapeutic techniques and positive and negative reinforcement will be used to shape their behavior in order that they might make fully informed choices. This level of transparency may be difficult to achieve when workers pursue conflicting goals of efficiency and care. As Rooney comments, "practitioners and agencies often *do* have hidden agendas . . . while greater candor on all sides might make for a better world, it would be more realistic at this point to accept lack of complete candor as expectable in involuntary transactions" (Rooney, 2009, p. 198). The issue is complicated by a lack of practical guidance on how to perform these repeated and explicit discussions of power.

A second element common to approaches with mandated clients is a focus on the negotiation of interests, goals and tasks. Negotiation and conflict management skills are the primary requirement and a trusting relationship is not a precondition for assessing or making demands of the client (Ferguson, 2005). Barber (1991) advises worker and client to begin with no expectations of common ground and negotiate an intervention plan which maximizes opportunities for client self-determination. The worker seeks out client problem definitions, interests and goals and endeavors to include these as far as possible in a process of negotiation based on a clear understanding about what changes are desired and what are required (Rooney, 2009; Trotter, 2006).

A third common element of approaches for the mandated client is the creation of a microclimate of sanctions and rewards for the client's goal-oriented efforts (P. Harris, 2008).

Pro-social modeling and reinforcement for pro-social behaviour appear to influence outcomes more than empathy (Trotter, 2006). Work with offenders indicates that this is particularly true with clients with psychopathy (Ross et al., 2008), depression, avoidant behavior, multiple interpersonal problems and difficulties making relationships (Orsi, Lafortune, & Brochu, 2010). These clients are common in child protection work.

Offering praise and material rewards for wanted behaviors is not inconsistent with strength-based and solution-focused theory. However the advice (Rooney, 1992; Trotter & Ward, 2013) to ignore or actively confront rationalizations and anti-social comments instead of accepting them as a valid reflection of the client's experience, is. Several theorists suggest that the overt use of power may be more effective than the relational bond in motivating some involuntary clients who will only in the later stages of the change process become motivated by more intrinsic desires (De Leon, 1988; P. Harris, 2008). Using strategies of control may allow time for the worker to discuss concerns in such a way that the client achieves the insight necessary to engage in voluntary treatment (S. Morgan & Hemming, 1999).

Finally, while approaches for mandated clients tend to play down the emotional aspects of the relational bond it is generally accepted that the working relationship should be characterised by warmth, openness, interest and respect for the client. The punitive use of authority has poor outcomes (Skeem, Louden, Polaschek, & Camp, 2007). Empathy, conveyed thorough attentive listening, encourages client self-expression (Orsi et al., 2010; Trotter, 1997). A caring relationship characterised by acceptance, support, trust and openness helps mandated clients to feel that rules are firm but fair, and it is this perception of fairness which correlates with compliance (Skeem et al., 2007). However, there is evidence that empathy can overwhelm and alienate some mandated clients (Ivanoff et al., 1994), and at the very least prove ineffective

if not accompanied by pro-social modeling (Trotter, 2006). Different clients are likely to need a different balance of empathy, support and authority but with mandated clients a positive casework relationship may not in itself be a sufficient basis for change.


## Summary

In strengths-based solution-focused child protection work the relationship between worker and adult client is the key mechanism of change and the point at which tensions between competing visions of social work play out. Strengths-based practice (SBP) in child protection straddles the somewhat incongruent strengths-based and solution-focussed traditions, requiring workers to perform a complex relational dance to assert both their own authority and support client self-determination. While SBP has been compared to Settlement House work (Kisthardt, 1997) and identified as a continuation of the functionalist tradition (McMillen, Morris, & Sherraden, 2005; Weick et al., 1989), it appears to require the child protection worker to operate more like the skilled therapist of Perlman and Hollis' days. The emphasis on transparency and goal-setting echoes key ideas from work with mandated clients that identifies conflict as the relationship's defining feature (Barber, 1991). Yet links can also be drawn to the very different approach of relational social work which describes relationships founded on an assumption not of conflict but of cooperation.

We know little about how frontline workers navigate these tensions to make sense of and enact SBP with their adult clients. A review of the changing conceptualisation of the worker-client relationship since the beginnings of modern child protection systems demonstrates that the decision as to how to proceed does not rest solely with individual workers, nor even within the

worker-client dyad. The protection agency, courts and general public are parties to the worker-client alliance (Leung, 2002), which is shaped by broader organisational, social, economic and political forces. This raises the question of whether workers see SBP as a realistic and effective approach for contemporary child protection settings. If they do, how do they apply SBP ideas and what helps and hinders them in the attempt? It is these questions this study was designed to explore.

# CHAPTER 3 : STUDY DESIGN AND METHODOLOGY

## Epistemology

### Pragmatism

The epistemology informing this study is pragmatism. This is a philosophical tradition founded in the United States in the 1870's by Charles Sanders Peirce (Ketner, 1992) and initially developed in the ideas of John Dewey (1920/2004), William James (1907) and George Herbert Mead (1934). It has many different strands; even in 1908 it was claimed that there were 13 different pragmatisms, all of which were logically independent of each other (Biesta & Burbules, 2003). It is the ideas common to the 'neo-classical' variations which stay close to Peirce's original philosophy (Haack & Lane, 2006; Misak, 2007) on which this research draws.

The core of pragmatism is the idea that objects or ideas can only be understood contextually by reference to their real-world application. When we understand all the possible consequences of the application of a concept, we understand its full meaning. We cannot come to know the world through the application of any idea of abstract or universal truth. This is because all knowledge is refracted through language, context and individual meaning-making (Ketner, 1992). It is both a product and reflection of the continual process of transaction of human organism and environment (Dewey, 1920/2004). The way in which we understand the world depends on the way we engage with it. This means that an abstract understanding of strengths-based solution-focused ideas is of far less value than an understanding of how such ideas are interpreted in practice.

Pragmatist researchers gain knowledge in a cyclical process which starts with inferences from observations and experiences. These inferences are informed by previous knowledge. This knowledge is made explicit in order that others might interrogate the ways in which it helped or

hindered the researcher's understanding of the subject matter and contributed to the inferences made. This is important because pragmatists judge the value of any theory partly by the extent to which it is supported by existing evidence and fits with supporting beliefs that are themselves well-founded and comprehensive (Haack, 2000). However, in pragmatism the key question is 'do the consequences of our ideas turn out as we say?' As Dewey said, "The test of ideas, of thinking generally, is found in the consequences of the acts to which the ideas lead, that is in the new arrangement of things which are brought into existence" (1929, p. 136). It is the correspondence of suggested meaning and realized meaning that makes knowledge sufficiently useful to allow the prediction of future lines of action (Biesta & Burbules, 2003).

What all this means for pragmatist studies is that researchers make design decisions with reference to what will most usefully answer their practical research question. As James said "The pragmatic method is primarily a method of settling metaphysical disputes that otherwise might be interminable...The pragmatic method in such cases is to try to interpret each notion by tracing its respective practical consequences" (James, 1907/1991, p. 23). The research project is understood in terms of its goals and purposes and researchers may adopt whatever perspective and tools appear most useful for answering the research question. Both qualitative and quantitative methods are acceptable if they help address the problem at hand and the researcher understands the practical application and limitations of any chosen strategy (Onwuegbuzie & Leech, 2005; Tashakkori & Teddlie, 2003).

There are two potential ethical problems with pragmatist research. The first is that there may be no resolution of the question "For whom is a pragmatic solution useful?" (Johnson & Onwuegbuzie, 2004, p. 19). In this study my explicit orientation is to solutions that further the goal of ensuring the child's safety and are workable for both practitioner and adult client. The

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second more general criticism of pragmatism is its potential to disintegrate into a crude attachment to the idea that whatever is useful is true. This is prevented by a commitment to fallibilism. In pragmatism all truths are partial and fallible because they are mediated through individual and contextual perceptual frames and because what worked in the past can never be guaranteed to work in the future in a complex dynamically shifting world. This also means that researchers do not have to be immobilized by the search for certainty before they take action. They may make reasonable preliminary assertions based on available evidence as part of the ongoing cycle of action and inquiry that characterizes a pragmatic approach.

## Methodology

### Mixed Methods

This is a mixed methods study. Mixed methods is "research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study" (Johnson & Onwuegbuzie, 2004). It emerged in the mid 1990s as a distinct research approach, producing its own methodologists, community of practice and, in 2007, a peer-reviewed journal (Denscombe, 2008; Plowright, 2011). Its development was partly a response to the polarization of the debates regarding the relative value of quantitative and qualitative methodologies and the epistemologies in which they were embedded. Mixed methods researchers challenged the contention that quantitative and qualitative methods were incompatible (Johnson & Onwuegbezie, 2004) or even distinct (Onwuegbuzie & Leech, 2005). Those advocating pragmatism as a way to move beyond claims regarding the incommensurability of epistemological paradigms have tended to promote mixed methods (Johnson & Onwuegbuzie, 2004; D. Morgan, 2007), and pragmatism remains the most common

philosophical foundation for mixed methods research (Feilzer, 2010; Tashakkori & Teddlie, 2009).

A common argument for mixed methods studies is that complex problems are best addressed using different strategies and types of data. In combination each method has the potential to compensate for the limitations of the other (Creswell, Plano Clark, Gutmann, & Hanson, 2003). Each can illuminate a different facet, or provide a different perspective on, the research problem. Greene, Caracelli and Graham (1989) proposed five reasons for combining quantitative and qualitative methods. These were:

1) Triangulation: results from one method corroborate results from another

2) Complementarity: results from one method add to or illustrate results from another

3) Initiation: contradictions between results from different methods generate new lines of inquiry

4) Development: results from one method inform how the other method proceeds

5) Expansion: different methods addressing different elements of the research problem lead to an expanded understanding of the problem

Mixing methods was consistent with my pragmatist perspective that a complex issue like the meaning and enactment of SBP was best tackled from a variety of angles. I added a quantitative element to what had been originally intended as a qualitative study as a result of discussions with senior staff at the Ministry for Children and Family Development (MCFD) in which I was granted access to all MCFD child protection workers. This gave me the opportunity to explore SBP not only at a micro level, through detailed description of individual practitioner

experience, but also at a macro level through analysis of broad trends (Onwuegbuzie & Leech, 2005).

Many typologies for mixed methods designs have been proposed (Creswell et al., 2003). Most typologies reference the chronological ordering and the relative importance of the quantitative and qualitative components of the study. Some seek to avoid the terms quantitative and qualitative altogether (Plowright, 2011), or to distinguish between methods according to their function as exploratory or confirmatory (Onwuegbuzie & Teddlie, 2003). Quantitative and qualitative components of a study may be conducted independently of each other throughout the data collection and analysis stages (Creswell et al., 2003) or may mix and inform each other from the design of the research question onwards (Teddlie & Tashakkori, 2006).

In this study quantitative and qualitative components were mixed at the design, data collection, analysis and reporting stages. In order to adequately answer the research question 'do social workers use strengths-based practice?' I needed to assess patterns of SBP use in the child protection worker population, and for this I required quantitative data. To understand the complexities of how workers made sense of SBP, I needed qualitative data. I used two methods of data collection. The chronological first was an online survey emailed to the entire population of 824 fully delegated child protection workers employed by MCFD and completed by 224 workers. This survey contained both quantitative questions, whose responses were statistically analysed, and open-ended questions whose responses were subject to both qualitative and quantitative analysis. The second part of the study comprised of interviews with 24 participants. The data from these interviews was treated as qualitative.

Statistical analysis of the survey data informed the development of the interview questions. Analysis of the interviews and qualitative survey data led me to construct new

quantitative variables which I used in a second round of statistical analysis of the survey data. I also converted qualitative data from the open-ended survey questions into quantitative data by counting the frequency of codes. In my findings I attempted to integrate the conclusions drawn from the quantitative and qualitative procedures.

### *Quantitizing (Quantifying) Qualitative Data*

A common technique in mixed methods research is quantitizing, or the numerical translation of qualitative data (Sandelowski, Voils, & Knafl, 2009). It involves coding qualitative data with a consistent set of codes, which may be either inductively or deductively derived. The frequency of each code is then counted. One purpose is,

> to form qualitative data in ways that will allow analysts to discern and to show
>
> regularities or peculiarities in qualitative data they might not otherwise see or be able
>
> simply to communicate, or to determine that a pattern or idiosyncrasy they thought
>
> was there is not. (Sandelowski et al., 2009)

Quantitizing the data provides a way to summarise patterns within it. The converted data is also frequently used in statistical analysis.

Mixed methodologists have described this quantitizing process as 'classical content analysis' (Leech & Onwuegbuzie, 2008; Onwuegbuzie & Combs, 2010), and as 'quantitative content analysis' (Bergman, Tashakkori, & Teddlie, 2010; D. Morgan, 1993). Its roots are often traced to Berelson's (1952) summary of techniques to study the content of mass communication, in which Berelson described content analysis  as "a research technique for the systematic, objective, and quantitative description of the manifest content of communication" (1952, p. 18).While many researchers would now question the claim to objectivity, this kind of content

analysis "seeks to answer questions about *what* and *how many"* (D. Morgan, 1993, p. 116) in as systematic a way as possible. It is less good at supporting complex descriptions of phenomena or answering questions of causation as it requires the simplification and decontextualisation of data and much meaning can be lost in the process (Sandelowski et al., 2009). When coding is performed by one person only its reliability can be problematic (Rourke & Anderson, 2004), but this can be tested by matching codes generated by a second coder for a random subset of responses.

### *Interpretive Description*

The methodology guiding the qualitative portion of this study is interpretive description (Thorne, 2008; Thorne, Kirkham, & MacDonald Emes, 1997). Interpretive description is highly congruent with, and indeed rooted in, a pragmatist perspective. Its theoretical heritage has previously been identified in symbolic interactionism (Oliver, 2012), which is an approach to the conceptualisation and study of social relations that evolved from pragmatism. Blumer, who first named and wrote about symbolic interactionism, described it as an interpretation of the pragmatism of his mentor Mead (Blumer, 1977, 1986). It has commonly been described as pragmatist philosophy reformulated into the language of sociology and social research (Lewis & Smith, 1980; Shalin, 1991). The pragmatist philosophy underpinning symbolic interactionist inquiry in general and interpretive description research in particular can be seen in the focus on the problems of everyday practice, support for multiple strategies to find a workable resolution to those problems, naturalistic inductive approach, and attention to the ways in which action and meaning-making interact for all those involved in the study.

Interpretive description developed within the field of nursing. It was intended to address the problem that applied researchers often had to abandon methodological orthodoxy to follow more flexible research procedures if they were to produce the timely knowledge, sitting "somewhere between fact and conjecture" (Thorne, 2008, p. 15) needed by the applied disciplines to address practice issues. Interpretive description legitimized drawing from a variety of research traditions and techniques by providing a "framework within which the design decisions that work for your particular questions can be effectively set forth" (Thorne, 2008, p. 103). It requires a logical, systematic and defensible research strategy to address practice issues in a way that makes sense to the discipline and can reasonably be expected to advance disciplinary knowledge and inform practice change.

There are some basic guidelines for interpretive description inquiry. To maximise the chances of producing knowledge that is useful to practitioners, interpretive description researchers begin with a critical analysis of existing theoretical and clinical knowledge within the discipline. This provides the starting conceptual frame which evolves over the course of the study through an iterative process of data collection and analysis. I conducted an extensive literature review to locate my study in existing knowledge in the field of child protection. This is an important starting point for the ongoing examination of how the researcher's perspective interacts with that of the participants.

In interpretive description studies researchers are expected to be aware of, transparent about and understand the effects of, the perspectives with which they approach their subject. This requires ongoing reflexivity. I wrote regularly in a research journal to record and interrogate my assumptions and developing analysis. I also took steps like avoiding value-laden prompts in interviews, discussing different perspectives with my committee and very consciously adopting a

position of curiosity to maximise the extent to which findings were based on the experiences and meaning-making of participants rather than my own preconceptions.

The researcher using interpretive description employs purposeful and theoretical sampling to focus inquiry on the most potentially valuable data sources and to explore and expand emergent ideas that seem most relevant to answering the research question. In an analytical process in which it is important to avoid making a premature commitment to a particular conceptual framework, Thorne suggests that coding and constant comparative analysis are useful tools. In the latter method borrowed from grounded theory (Glaser & Strauss, 1967), units of data are compared to each other and to their context to better describe their properties and explore relationships between them. Thorne describes this as replicating clinical reasoning as the researcher "alternates between asking 'what is going on?' and 'how does this relate to what else is known?'" (Oliver, 2012, p. 412).

Interpretive description does not employ a traditional approach to member checking in which participants are asked to review their own transcript or the analysis for accuracy. This is because the researcher is not seen as the conduit for participant thoughts but is an interpretive actor whose role is to produce conclusions which synthesise the input of all participants rather than mirror the thoughts of individuals. As Thorne (2008) says, simply asking participants whether they said what the researcher believes them to have said "can lead to false confidence if they confirm what you thought, and potentially derail you from good analytic interpretations if they do not" (p. 159). She does however suggest asking participants to comment on emergent synthesised interpretations in order to expand the analysis and assess the extent to which it resonates with participants.

In place of detailed procedure interpretive description provides general criteria by which the researcher can examine his or her design decisions and account for adaptations of traditional methods. These must be based on a clear understanding of the relationships between the research question, a chosen method and the limitations of the knowledge it affords. For instance, I combined two different approaches to analysing the interview data. When I identified a relatively common concept like 'transparency' or 'supports' that might be seen as part of a shared disciplinary language I created a broad code which I later broke down into smaller categories according to the object and consequences of worker transparency or the type of support. At other times my analysis moved in the opposite direction, beginning with detailed codes which were grouped into progressively larger categories.

The first strategy did not enable me to interrogate in detail the different meanings of words like 'transparency' and 'supports' and it is possible that workers attributed somewhat different meanings to these words. However, I used this strategy as my research questions were focussed on the actions the words described rather than the minutiae of language use. The second strategy resulted in an overwhelming number of decontextualised codes. However, I used it to limit my natural inclination to move too quickly to broad conceptualisation and to help me attend in detail to the words of participants. I found it helpful throughout the analysis to shift repeatedly between the two analytical positions. Coding pieces of text in multiple ways enabled me to consider the data from a number of different angles, to keep in mind both the context and the detail of participant contributions and to more easily change and abandon codes as my analysis evolved. In interpretive description credibility rests on the researcher's ability to be thoughtful about these kinds of decisions and to analyze and justify them in a logical way.

The end point of interpretive description studies is a "thematic summary or a conceptual description" (Thorne, 2008, p. 164). It should capture the main elements of the phenomenon and provide practitioners with a new way of illuminating the practice problem, enabling them to approach the problem in a more productive way. As Thorne (2008) suggests,

> The ideal might be described as a research report that makes visible and accessible the clinical wisdom of a passionate and thoughtful expert practitioner for whom a similar understanding had been acquired through extensive pattern recognition and reflective practice observations (p. 169).

As such, the goal is to construct not a generalisable theory, but a heuristic that is sufficiently memorable and relevant to practitioners that it might lead to different actions in regard to the practice problem.

## Methods

### Recruitment

#### *Survey*

The population of interest in this study was current frontline MCFD child protection workers holding C6 delegation. C6 delegation is the legal authority enabling Ministry workers to undertake the full range of child protection duties.

I was provided by the Ministry with a list of all staff in the province who had C6 delegation. This list included frontline workers, team leaders, managers and those such as consultants who worked in positions of support to the frontline. Following a meeting with the Provincial Director of Child Welfare, an email was sent from the Director to all names on this list of C6 delegated workers. The email expressed the Ministry's support for the upcoming study

and gave basic information as its purpose and nature. Dillman (2007) recommends this type of pre-contact letter as a recruitment tool. In order to increase awareness of the study I also attended two conference calls to brief senior MCFD managers and worked with communications personnel to have information about the study posted on the Ministry's internal website.

I identified from the C6 delegation list 850 workers whose job or position title was 'child protection worker'. I sent a recruitment letter by email to each of these workers (see Appendix A). I received responses from 26 people, most often via an automated email, indicating clearly that they were not within the sampling frame as they were either did not hold C6 delegation or were not currently practising as a child protection worker for MCFD (being on leave for a period of at least six months including the period of the study, practising in another position or having left the Ministry). I removed the names of these 26 workers from the sampling frame. This left 824 workers as the final population for the study.

The recruitment letter I had emailed to all 850 workers contained the live link to the online survey. It also invited any currently practising child protection worker who was interested in being interviewed for the study to contact me. The last question of the online survey also invited workers interested in being interviewed to indicate their interest and to provide their contact information.

The online survey was open for one month. After two weeks I sent a reminder email to the study population of 824 workers in which I also thanked those who had already participated. In the final week of the survey I sent another reminder email only to those who had not yet participated. In each email I made it clear that their responses were valued and would be used. The intent was to maximise response rates by making multiple contacts with potential

respondents but to stop short of a level of contact that might become annoying (Dillman, 2007; Nulty, 2008; Shannon, Johnson, Searcy, & Lott, 2002).

*Interviews*

Sixty nine workers who had completed the survey indicated via the final survey question their interest in being interviewed. In addition, one person who had not completed the survey emailed me to express interest in participating in an interview. I contacted 64 workers to thank them for their interest, and to send them further information regarding consent (See Appendix B). I was not able to make contact with the remaining six workers. Sixty percent (n = 42) of the workers who had expressed interest indicated their consent to being interviewed.

From this convenience sample I used purposive sampling, beginning by ensuring that I interviewed workers representing the range of teams and range of responses to the survey question 'Strengths-Based Practice is hard to do in child protection work'. As most people willing to be interviewed appeared to be generally positive about SBP, I made sure to interview the one person who had expressed very negative views, in order to understand as wide a range of experiences with SBP as possible. When analysis of survey data indicated that years of SBP experience and age were important, I included these factors in my sampling criteria, choosing to prioritise contact with younger workers with less experience until there was more variation within the sample. I attempted to interview 36 workers. Of this group 24 completed interviews and 12 chose not to participate further in the study.

**Delegated Aboriginal Agencies**

In British Columbia there are currently nine Aboriginal agencies providing full child protection services to the Aboriginal communities they serve. Known as Delegated Aboriginal Agencies, they have assumed child welfare responsibilities through delegation agreements with the Provincial Director of Child Protection, to whom they remain accountable.

MCFD staff provided me with a list of all C6 delegated workers in the Delegated Aboriginal Agencies and hoped that I would include these agencies in the study. I redesigned the online survey to include a question asking workers to identify whether they worked for a Delegated Aboriginal Agency. It was suggested to me that as these agencies fell under the remit of MCFD, support for their inclusion from the Provincial Director of Child Welfare and Aboriginal Services Branch meant that separate permission from these agencies may not be necessary. However, UBC ethics approval did not extend to these agencies and I did not wish to proceed without full consultation with these agencies and the communities they served. The timelines for this study were too short to allow for this consultation. For this reason, workers from the Delegated Aboriginal Agencies were not included in the study.

**Consent**

Full information about consent and the rights of research participants was contained in each of the three emails inviting workers to participate in the study. This included the information that consent to participate in the survey was indicated by completing the survey questions.

When workers contacted me regarding their interest in being interviewed I explained the consent process and emailed them the consent letter. Initially I advised that I would contact them

again after 48 hours. However, the large number of workers interested in being interviewed, and the difficulty of making contact, meant that I changed to asking workers to contact me once they had read the consent letter if they still wished to be interviewed. Some workers signed, scanned and returned the consent letter but due to difficulties experienced by some workers in doing this, I advised that an email from them indicating that they had read the consent letter and wished to proceed would suffice. At the beginning of all but the first interview I reminded participants of consent issues and of their ability to end the interview at any time.

I interviewed two participants twice. This was due to one highly experienced worker giving very detailed and comprehensive feedback that could only be fully explored with the help of a second interview, to which he was happy to consent. I contacted the second worker again after I discovered that it was not possible to retrieve the audio-recording of her interview. She had expressed a high level of commitment to participating in the research and I felt it only respectful to advise her of the situation and ask her how she wished it to be managed. She immediately chose to be interviewed again. I was later able to retrieve the data from her first interview. I asked these two participants for their consent when we initially discussed the idea of a second interview and again at the beginning of the second interview.

**Confidentiality and Data Management**

The online survey was hosted by an independent survey company approved for UBC research. It used encryption software and stored all data in Canada in accordance with British Columbia's Freedom of Information and Protection of Privacy Act. No person at MCFD could access the raw survey data, which was encrypted and password protected. Notwithstanding this, the fact that participants were completing the survey using MCFD computers and in response to an email sent

to their work addresses made it essential that they trusted their information was confidential and that they could choose to remain anonymous. For this reason they were not required to give identifying information in order to complete the survey. Only the names of those people who identified themselves as interested in being interviewed were recorded in the downloaded data. I did not ask for demographic characteristics like gender, location and cultural identity. Although of potential interest, I assessed that these questions might be deemed too identifying and might discourage participation.

Interviewees determined the means of contact and the interview location. I only used the MCFD email system to arrange contact if participants had given permission for me to do so. When I emailed interviewees to invite their comments on my emergent findings, I advised them of the options of communicating by personal email or telephone if they were concerned about MCFD access to their email.

I downloaded the survey data into a document from which I removed all identifying information. I password protected this document before storing it on my personal computer. I assigned each participant an identification number and used this number in this and all other records. The audio recordings were transcribed by a professional transcriptionist who signed a confidentiality agreement. She removed all identifying information from the interview transcripts and deleted the recordings after transcription. I stored both the audio recordings and transcripts in a password protected file on my personal computer and deleted the recordings from the recorders.

I made one master copy of the data which I kept on an external hard drive in a locked filing cabinet. A master sheet linking the names of participants to their identification number was password protected and stored separately from all other records in a locked filing cabinet.

For the purposes of analysis I uploaded the anonymised interview data into the Atlast-ti (v.7) computer program (Atlas-ti, 2012) and the quantitative survey data into the PASW Statistics (v.18) program (SPSS, 2009).

## Data Collection

### Online Survey

As stated previously, the first method for data collection was an online survey. This method provided an efficient way to offer participation to the entire population of workers, all of whom had computer access and had to be computer-literate in order to carry out their job functions. Studies also suggest that participants tend to answer more honestly in online surveys than in researcher-administered telephone or interview surveys (Brace, 2008; Dillman, 2007). One disadvantage is that participants in online surveys have no opportunity to clarify misunderstandings and great care is needed to ensure instructions and questions are clear.

The link to the survey was emailed to all workers in the sampling frame. Three hundred and forty two workers, or 42% of the population of 824, clicked on the survey link. This brought them to a front page describing the purpose of the survey and asking only frontline workers to continue. Two hundred and twenty four workers, or 65% of those who had clicked the link, completed the survey.

### *Survey Design*

The survey consisted of 15 questions (see Appendix C). It was designed to take no more than 10 minutes to complete. The main research questions were addressed directly with survey questions asking workers to rate the frequency and duration of their SBP use and the rate of use of specific

SBP questions (miracle, scaling, exceptions and coping questions) commonly advocated as strengths-based child protection techniques. They were also addressed with open response questions asking workers to define SBP, describe their use of it in practice and describe supports for and barriers to its implementation. At no point were respondents given a definition of SBP and I left questions regarding specific techniques associated with SBP to the end so as to avoid leading participants towards a particular definition of SBP.

Further survey questions were intended to enable exploration of the extent to which the application of SBP ideas was related to variables theoretically linked to SBP implementation. The literature supporting these theoretical links is described in Chapter Two. The view of some SBP researchers that SBP implementation required developing worker capacity and training (Antle et al., 2008; Idzelis Rothe et al., 2013; Lietz, 2011; Skrypek et al., 2010) suggested that the level of educational qualification and SBP knowledge might be important factors in the application of SBP ideas. The link between worker maturity and their capacity to undertake complex relational work (Perlman, 1979) suggested that age might also be relevant. A historical understanding of the changing conceptualisation of child protection work suggested that years of child protection experience might be important to the exposure and response of workers to different models of child protection practice. Evidence of the importance of the immediate organisational context for SBP (Barbee et al., 2011; Idzelis Rothe et al., 2013; Pipkin et al., 2013; Turnell, 2012) prompted a question asking workers to identify their team type. Finally, the suggestion that implementation of SBP requires workers to make a significant attitudinal commitment to the approach (Blundo, 2001, 2012; C. Rapp et al., 2006) led to the eight Likert-type response questions, discussed in the following section, regarding worker attitudes.

To increase the likelihood that workers would complete the survey, I did not ask for information related to demographic characteristics like gender, location and ethnicity. This was because they may have deterred participation by being perceived as identifying, especially when analysed in conjunction with characteristics like age and team type for which there was stronger theoretical support. I also followed Brace's recommendations (2008) to make survey completion as easy as possible. I included several skips to avoid asking participants questions that were not relevant. The questions were laid out over several pages to avoid scrolling, and included a progress bar which in short surveys tends to motivate participants to continue. I started with general questions that were relatively easy to answer. Questions that were potentially more threatening as they required a greater degree of self-disclosure or discussion of practice challenges came later, and were interspersed with easier questions in order to maintain participant interest.

### *Attitude Questions*

I designed a series of simple statements about SBP which were intended to elicit the extent to which participants perceived SBP to be appropriate, possible, effective and a good approach for child protection work (see Table 1). These statements were informed by the literature reviewed in Chapter Two and the pragmatist perspective that SBP ideas would be applied by frontline workers to the extent to which they were perceived as useful and workable. The fact that SBP originated in a different field of practice and has needed adaptation for child protection work led to the statements regarding its appropriateness. Evidence of inconsistent implementation and of the importance of training and support suggested the value of asking child protection workers whether they saw the approach as within their capacity to perform. Both the historical overview

of the child protection worker-client relationship and comparisons between contemporary approaches like relational social work and approaches specific to mandated clients illustrated competing perspectives on best practices with adult clients. This suggested that the question of SBP's effectiveness was unlikely to be a settled issue for frontline workers. Finally, claims that SBP required a radical shift in individual thinking and practice made it important to establish the extent of worker support for the approach and analyse the relative importance of this support.

**Table 1 Attitude Questions**

| Is SBP... | Statement |
|---|---|
| Appropriate? | 1. Strengths-Based Practice is appropriate in every situation<br>2. With some clients Strengths-Based Practice is not the right approach |
| Possible? | 3. It is always possible to do Strengths-Based Practice<br>4. Strengths-Based Practice is hard to do in child protection work |
| Effective? | 5. Children are left at greater risk when protection workers do Strengths-Based Practice<br>6. Doing Strengths-Based Practice increases the chances I will be successful with my clients |
| A Good Idea? | 7. Strengths-Based Practice is a good approach for child protection work<br>8. I would like to do Strengths-Based Practice more with my clients |

Participants were asked to indicate on a Likert-type scale whether they strongly disagreed, disagreed, neither agreed nor disagreed, agreed or strongly agreed with each statement. As participants tend to answer to the left of scales and to agree with statements when presented with Likert-type responses (Brace, 2008), I placed the 'disagree' option to the left of the scale to maximise the extent to which these tendencies might cancel each other out. I also included positive and negative statements of most attitudes and randomised the order of the statements to mitigate the effect of patterned responses (Brace, 2008; Dillman, 2007).

A mid-point Likert-type option like "neither agree nor disagree" can attract responses from those who are ambivalent, who are indifferent, who wish to minimise effort and who wish to avoid expressing an undesirable view (Johns, 2005). The presence of the latter two groups in particular raises questions regarding the extent to which it can be seen as the midpoint measure of a continuous underlying negative-to-positive dimension. However, in previous research (Oliver, 2010) child protection workers had told me of their frustration about being forced to adopt a false positive or negative stance due to the absence of a middle option. Johns (2005) found that when the majority of potential mid-point responders are motivated by ambivalence or indifference, removing the option of a midpoint increases both frustration and measurement error. I had taken steps to minimise both the effort required to complete the survey and the pressure on respondents to answer in socially desirable ways. When the response 'neither agree nor disagree' did not appear problematic during piloting of the survey I decided to include it to represent a middle position of having no strong view one way or another on a scale that went from a strong negative view to a strong positive view.

### Think Aloud Interviews

I initially intended to pilot the survey with at least 10 MCFD child protection workers. However, senior management at MCFD preferred that they review the survey and pass back their feedback to me in a conference call. Their feedback was generally positive and initiated no specific changes to the survey. The survey was piloted by my four committee members. I also elicited feedback regarding the survey design by completing Think Aloud interviews (Ericsson & Simon, 1993) with two people who had considerable recent experience of frontline child protection work

with MCFD. They were recruited through personal contacts and an email to UBC social work students with recent MCFD experience.

The Think Aloud process was initially developed to explore cognitive operations like information recall and problem solving (Ericsson & Simon, 1993). It has become a common method in product usability testing (McDonald, Edwards, & Zhao, 2012) and instrument development (Collins, 2003). It involves participants verbalising their thinking as they work their way through the survey or test. The researcher uses prompts like 'keep talking' and 'what are you thinking now?' to encourage participants to become aware of their thoughts about the survey or test and to immediately express them.

Some participants find it difficult to concurrently problem solve and verbalise their cognitive processes and this approach works less well for complex problems and with people who have cognitive limitations (Johnstone, Bottsford-Miller, & Thompson, 2006). However, it is generally agreed to be an efficient, effective and user-friendly means of detecting design problems in tests (Collins, 2003; McDonald et al., 2012). It requires few participants as it tends to produce more detailed information than standard test pilots (Johnstone et al., 2006).

I audio recorded the Think Aloud pilots. After each participant had worked their way through the online survey while expressing their thoughts, I asked them to reflect on the experience. I asked them to talk about the information they felt the survey was intended to elicit and any problems they had encountered. As a result of these interviews I made changes to the survey, for instance breaking down the question 'What do you do with clients that could be described as SBP?' into the two separate questions of 'How do you define SBP?' and 'What would someone watching you see you do with clients that you would describe as SBP?'

**Interviews**

The second method of data collection was interviews with practising child protection workers. Interviewing is an easily understood and accessible strategy and "interviews are particularly well-suited for studying people's understanding of the meanings in their lived world, describing their experiences and self-understanding, and clarifying and elaborating their own perspective on their lived world" (Kvale & Brinkmann, 2008, p. 116). Interviews elicit the interviewee's subjective experiences and these are influenced by the relationship with the interviewer and the context of, and expectations regarding, the interview. There is always the risk that interviews say more about culturally accepted discourses than about the interviewee's perspective (Thorne, 2008). With this in mind I saw my role as being to create an atmosphere in which interviewees might feel as free as possible to fully describe their understandings and experiences.

I began by offering interviewees as much control as possible over the timing and form of their interview. Most chose to be interviewed during the working day although some chose evenings and weekends. I offered interviewees the choice of talking via telephone, Skype, or, for those who were in the Lower Mainland, a face-to-face meeting. Four people chose to meet, two at their office, one at a local coffee shop and one at my home. The remainder chose telephone interviews. I was surprised at the number of people who chose to be interviewed at work, and checked with them before beginning the interview whether they felt they had sufficient privacy to speak openly with me. Three of the interviews were briefly interrupted by the need for workers to attend to colleagues or clients.

The mean time for the interviews was 74 minutes, with the shortest interview lasting 35 minutes and the longest 127 minutes. The 35 minute interview was considerably shorter, and provided less comprehensive data, than the other interviews. However this was all the time the

participant was able to offer, and I felt it important that I respect the contribution of this participant, and the busy nature of child protection work, by including this data. As stated previously, I interviewed two people twice.

I began the interviews by thanking workers for their participation, reviewing consent and asking if they had any questions. I explained the purpose of the interviews as being to explore whether and how frontline workers understood and used SBP in their child protection work. I stated my belief in the importance of the perspectives of frontline workers, and that I was interested not in how others told them they should work or in ideal practice but in the reality of whether and how SBP worked for them in their daily work. I told them that I understood the importance of anonymity and described how this would be preserved. In taking this approach I hoped as much as possible to create an environment in which participants felt free to speak openly.

I used an interview guide (see Appendix D) to help me focus the interviews on the research questions. I hoped that by opening with a question about the practice of other workers I would elicit descriptions of SBP being enacted while enabling the participant to 'settle' into the interview before asking what might be perceived as more intrusive questions about personal practice. Informed by pragmatism, I tried to approach each research question in multiple ways. To elicit interviewee understandings of SBP I asked about MCFD's motivation for the approach and sought practice examples from the interviewee's own and others' work. To explore perceived supports and barriers I asked about them directly, but also sought specific practice examples in which SBP was easy or inapplicable and asked about personal qualities and experiences that led interviewees to relate to clients in the ways that they did. Motivated by the idea, outlined in Chapter Two, that the strengths-based worker-client relationship in child protection is complex

and the site of competing perspectives about the proper role of the worker, I included several questions designed to help interviewees reflect on this relationship.

I tried to ask all questions on this guide for the first interviews to guard against closing down avenues of inquiry by prematurely judging what constituted important information. About halfway through the series of interviews I adapted the questions in order to explore emergent concepts, for instance asking about high risk situations and about whether participants had felt anxious or fearful with clients.

I attempted to adopt the role of "an encouraging and judgmentally neutral facilitator so that an individual can explain him or herself as fully as possible" (Thorne, 2008, p. 129). I often prompted participants to go into more detail or to give examples. This was both to gain the best understanding I could of the interviewee's experience and to try to move beyond common discourses about strengths-based and child protection practice. Even so, there were times when I realised after the interview that I had assumed a shared understanding of common child protection words or issues that might not exist. I found it challenging to suspend my judgements about good practice to move into the role of inquirer. These issues are discussed as typical of interviewers who have previously shared the practice role of their interviewees (Hunt, 2011; Thorne, 2008). I found it helpful to reflect before each of the interviews on the importance of challenging my own preconceptions, to frame interviewees as experts of their own experience and to give myself visual prompts to remain curious during the interviews.

In pragmatist research there is always a different perspective to be taken on the data and the contribution of each new participant has the potential to change, challenge or expand the conceptualisation. However, I was aware of my limited resources and my commitment to provide research findings to MCFD in a timely manner. There came a point at which I felt that I

had sufficient data on which to base an analysis that was both well grounded in participant's experiences and threw new light on the challenges associated with SBP. This is seen as the point in an interpretive description study at which data collection can reasonably end (Thorne, 2008).

## Data Analysis

### Plan for Statistical Analysis of Survey Data

I began the statistical analysis of the survey questions outlined in Table 2 shortly after the survey closed and continued throughout the months in which I was interviewing workers. I started by conducting descriptive statistics for each variable. Team membership and qualification were treated as categorical variables, while all other variables, including the Likert-type response items, were treated as continuous. I generated a frequency table for each variable and a histogram, boxplot, mean, median, mode, standard deviation, variance and range for the continuous variables. These summaries of the data enabled me to describe the demographic characteristics of survey participants and to begin to answer the questions of whether and how child protection workers applied SBP ideas.

As a preliminary to conducting inferential analysis, I visually assessed the normality of each distribution of the continuous variables using P-P plots and histograms, and I calculated the z score for skewness and kurtosis. I also conducted Kolomogorov-Smirnov and Shapiro-Wilks tests to compare the distribution of scores in the sample with those in a normal distribution with the same mean and standard deviation. However, as the large sample size meant that small deviations from normality produced significant findings on these last two tests, I relied more on the visual assessment and absolute value of the z scores for skewness in deciding whether the assumption of normality for parametric tests was sufficiently met (A. Field, 2009).

**Table 2 Questions for Statistical Analysis**

| Questions | Response Options |
|---|---|
| What is your age? | Years |
| For how long have you done SBP? | Years |
| What is the total number of years you have worked as a child protection worker with full authority to investigate and remove children? | Years |
| What best describes your current team? | Intake, Family Service, Family Development Response, Integrated, Other |
| What qualification do you hold? | Bachelor of Social Work, Master of Social Work, Bachelor of Child and Youth Care, Master of Child and Youth Care, Other |
| How much do you know about Strengths-Based Practice? | Nothing, A little, A fair amount, A good amount, A lot |
| How often do you do Strengths-Based Practice in your child protection work? | Never, Occasionally, Some of the time, Most of the time, Always |
| To what extent do you agree or disagree with the following statements:<br>• Strengths-Based Practice is appropriate in every situation<br>• With some clients Strengths-Based Practice is not the right approach<br>• It is always possible to do Strengths-Based Practice<br>• Strengths-Based Practice is hard to do in child protection work.<br>• Children are left at greater risk when protection workers do Strengths-Based Practice<br>• Doing Strengths-Based Practice increases the chances I will be successful with my clients<br>• Strengths-Based Practice is a good approach for child protection work<br>• I would like to do Strengths-Based Practice more with my clients | For each statement: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree |
| Thinking of the last 10 times you talked with a parent on your child protection caseload, how many times did you use the following:<br>• Coping question<br>• Scaling question<br>• Exceptions question<br>• Miracle question | For each question: Not used, Used once or twice, Used three or four times, Used five or more times, I don't know what this is |

I firstly examined whether there were significant differences in age or child protection experience across workers from different teams or holding different qualifications. While this analysis was not directly related to the research questions, it enabled me to assess whether any later findings of relationships between the application of SBP ideas and team type or qualification were likely to be confounded by these variables. In this and all subsequent analyses including the team variable, the team category 'Other' was coded as missing due to its small size. I chose one-way Analysis of Variance (ANOVA) tests when, as for worker age, the z score for skewness was not greater than the absolute value of three and Levene's test showed that there was not significant variance across groups. This enabled posthoc tests to be conducted and interpreted. When these conditions were not met, as with years of child protection experience, I chose ANOVA's non-parametric equivalent, the Kruskal-Wallis test.

The goal of the remaining statistical analysis described in this section was to explore for any patterns in the distribution of the variables pertaining to the understanding and application of SBP ideas, namely self-reported frequency and duration of SBP use, use of the questioning techniques commonly associated with SBP in child protection, and self-reported SBP knowledge and attitudes towards SBP. I was specifically interested in whether any of these variables were related to each other or to the worker characteristics of age, length of child protection experience, team membership and level of qualification. I hoped that this exploration would help me answer the main research questions of whether and how workers applied SBP ideas.

I conducted correlations to explore associations between pairings of the continuous variables. Carifio and Perla (2007) maintain that Likert-type responses can be analysed using parametric tests like Pearson's correlation and ANOVA, as these tests are robust to violations of the interval data assumption and to moderate skew. For the questions with Likert-type responses

asking participants to rate how often they used the coping, miracle, scaling and exceptions questions, I combined the 'I do not know what this is' response and the 'I do not use this technique' response to create a continuous scale of self-reported use of these techniques, ranging from 'no use' to 'used more than five times'. Two-tailed Pearson's Product Moment correlations were conducted when the z score for skew and kurtosis for both variables was less than the absolute value of three. In all other cases Spearman's correlation was used as it assesses the relationship between ranks of scores and does not require that variables be normally distributed.

One-way ANOVAs were conducted to explore differences across teams and levels of qualification with respect to knowledge of SBP and frequency of use, the use of the scaling and exceptions questions and all attitudes except the attitudes that SBP is a good approach for child protection and SBP leaves children at greater risk. When a significant difference across groups was indicated I conducted Hochberg's GT2 post hoc test to locate the difference. This post hoc procedure is recommended when Levene's test indicates that unequal groups have homogenous variance (A. Field, 2009).

The non-parametric equivalent to ANOVA, the Kruskal-Wallis test, was conducted for the remaining five variables related to SBP, either because the z score for skewness was greater than the absolute value of three (for SBP experience, the attitude that SBP is a good approach for child protection, the attitude that SBP leaves children at greater risk and use of coping questions), or because the Levene's test showed unequal variance across groups (use of the miracle question). When the Kruskal-Wallis test indicated significant differences across the teams or qualification levels, post hoc Mann Whitney U tests were selected to examine where these differences lay. A Bonferroni correction, dividing the critical value of .05 between each test, controlled the Type 1 error rate.

The distribution and content of responses to the survey questions regarding the applicability of SBP suggested that the distinction between those who saw SBP as an approach that could be used all the time and those who saw it as having more limited applicability was an important one. This finding prompted me to code survey respondents into two groups based on this distinction in order to further explore patterns in the perception of SBP's applicability. The 'Sometimes' group ($n = 128$) consisted of participants who indicated disagreement to the question 'It is always possible to do SBP' or 'SBP is appropriate in every situation' or agreement to the question 'With some clients SBP is not the right approach' or who clearly indicated in their responses to open-ended survey questions that there were situations in which SBP was not appropriate or possible. The 'Always' group ($n = 54$) answered in the opposite direction on all three questions above and in the open-ended survey questions did not identify any situations in which SBP was not possible, not appropriate or particularly challenging. Those who appeared to fall into the 'Always' group but who responded 'Neither agree nor disagree' to any of the three questions or who, in their responses to other survey questions, named groups or situations for which SBP was particularly challenging, were coded as missing ($n = 42$). The latter were coded as missing because in the interviews and responses to open-ended survey questions some participants conflated the idea that SBP was challenging for particular clients with the idea that SBP could not be done with those clients.

The end result was that the 'Always' group consisted only of people who had clearly indicated that SBP was always applicable and had given no information that might contradict this position. The recoding addressed the problem that responses to the three relevant survey questions under-represented the perceived limits on SBP as some people who responded that

SBP was always possible or appropriate went on later in the survey to identify situations in which it was clearly not.

I conducted t-tests to explore whether workers in the 'Sometimes' group differed from those in the 'Always' group in their mean age, self-assessed knowledge and use of SBP or desire to do SBP more with clients. T-tests were chosen for these analyses because the z score for skew in each group was under the absolute value of three and Levene's tests indicated homogeneity of variance across the two groups. For the variables where the z score for skew was greater than the absolute value of three (years of SBP experience, child protection experience and the attitudes that SBP is hard, is a good approach for child protection, increases the chances of success and puts children at greater risk) I conducted Mann Whitney U tests. These are the non-parametric equivalent to t-tests, requiring that the distribution in the two groups be the same shape, but not that it be normal. I conducted chi-square tests for differences in these groups across team and qualification categories.

**Qualitative Analysis of Interview and Survey Data**

There were two sources of qualitative data: the interviews and the written responses to the following open-ended survey questions:

1) How do you define SBP?

2) What would someone watching you see you do with clients that you would describe as SBP ?

3) What do you find most challenging about SBP?

4) What supports do you need to do SBP?

5) In which situations, or for which clients, is SBP not appropriate?

I began my analysis of both data sources after completing my preliminary statistical analysis of the survey data and shortly after the first interview. Initially, the process for analysing the qualitative data from the survey and the interviews was very similar. I loaded into Atlas-ti the responses relating to each of the open-ended survey questions, and the transcripts of each interview. Taking each open-ended survey question in turn, I read the compiled responses several times. I also read each interview transcript several times and listened again to the audio recording. This helped me get a sense of each interview and the array of responses to each question as a whole, and was something I did several times during the analysis process to remind myself of how the codes in the data related to the larger context.

I started by coding each "meaning unit" (Thorne, 2008, p. 145), or what I perceived to be each distinct idea, which were often marked by breaks or punctuation in the text. These codes described what I understood to be the overt meaning of that data unit and I tried to keep close to participant's words, frequently using them as codes. For instance, when participants talked of 'going onto autopilot' or 'having a hard shell' these phrases became codes. This first sweep of coding resulted in a variety of seemingly unrelated codes like 'clients with mental illness', 'it's not personal' and 'we work in isolation'.

After this initial coding I re-read the transcripts and survey responses, coding specifically for workers' descriptions of their actions, thoughts and feelings and information that related directly to the questions of what actions and meanings workers attached to SBP and what were the supports and barriers to its use. This resulted in codes like 'SBP is asking questions', 'thinking outside the box', 'SBP feels good', 'learn from training' and 'clients do not trust it'. I also did what Maxwell (2013) calls contiguous coding to capture relationships in time and space between ideas. For instance, I noticed that workers often talked about 'strengths' and 'risks' in the

same sentence, with some describing these concepts as opposites and others as complementary. I created codes like 'as well as' and 'instead of' and 'mitigates' to capture the different relationships between the two concepts.

In addition to these detailed codes I used some very broad codes to group together larger pieces of text. These codes are described by Maxwell (2013) as organizational in that they "function primarily as bins for sorting the data into further analysis" (p. 107). I used them to code common ideas like 'transparency' that were used by workers as if they had a shared and unproblematic meaning and to code broad topics that were directly related to the research questions like 'supports' and 'challenges'. I also used the codes of 'Sometimes' and 'Always', derived from the statistical analysis described above, to code the interviewees into two groups according to whether they described SBP was a practice that was always or only sometimes applicable.

Following the initial coding I went through an iterative process of comparing and contrasting coded data pieces to each other and to the entire data set to analyse for similarities and differences. This process of constant comparative analysis is drawn from the grounded theory tradition (Corbin & Strauss, 2008) and is an important tool in interpretive description studies. It enables researchers to develop descriptions of each code and to analyse relationships between and within data pieces. It provides a way to move from simple descriptions of content to more conceptual analysis, or "from data to pattern and from pattern to relationship" (Thorne, 2008, p. 158). It enabled me to group similar codes into progressively larger and more conceptual categories, for instance linking codes like 'observing others' and 'religious values inform SBP' into the larger category of 'learn from' which ultimately fell under the broad theme of 'supports'. I also worked in the other direction, breaking broad categories down into smaller

ones with distinct properties. For instance, within the broad category of 'transparency', I noticed a set of comments about the object of transparency and a set about the consequences of transparency. This I broke down into a series of distinct but related codes like 'transparent about expectations', 'transparent about process' and 'transparent creates trust'.

Finally, I also began to visually map the codes. This provided me with a different perspective on the data and helped me to explore relationships between the different levels of codes and categories. I found that this kind of visual representation helped move my conceptualisation forward because, as Corbin and Strauss (2008) describe, "most of all, doing diagrams force a researcher to think about the data in "lean ways"; that is in a manner that reduces the data to their essence" (p. 125).

As the analysis progressed I began to construct themes, including the five definitions of SBP outlined in Chapter Six. To further develop my analysis I asked interviewees to reflect on these five definitions and to identify the definition that best fit the way they practised SBP. Their responses offered some confirmation that my tentative conceptualisation was perceived to be relevant and provided important information to develop both my description of the five definitions and to expand my thinking about the possible developmental relationships between them. These five definitions of SBP then became an organising framework within which to analyse supports and barriers to the implementation of these particular definitions of SBP. A second set of themes, described in Chapter Six, was related to two additional implementation issues (management support and fear) which were pertinent to all the definitional groups.

**Quantitizing (Quantifying) the Qualitative Data**

I quantitized (Sandelowski et al., 2009) some of the qualitative data from the surveys and interviews when it enabled me to concisely summarise responses without losing in the process what I perceived to be important information. For instance, interviewees offered a number reasons for their fearlessness, but either did not elaborate on these during the interview or provided contextual information that was too identifying for me to present in narrative form. I therefore coded the reasons and counted their frequency to summarise participant ideas on this issue. I used this method again to summarise responses to the open-ended questions about supports, barriers and situations in which SBP was not appropriate. The responses to the open-ended survey questions varied widely in length, ranging from one-word answers to paragraphs of text. They were often in the form of lists of actions or ideas. Quantitizing these responses seemed to be the most effective way of summarising information which was important, but lacked the context and detail necessary for deeper qualitative analysis.

Through the interpretive description coding process previously described I constructed a set of descriptive codes relating to each of the open-ended survey questions. For instance, for the question regarding what participants found most challenging I coded the response "Not having the time or the resources to properly do the work" with the two codes 'lack of resources' and 'lack of time'. I compiled a list of the codes and outlined the properties of each code to create a coding scheme. I then went through the set of responses for each question several times in order to code consistently according to this scheme before counting the frequency of each code. This analysis resulted in a relatively simple set of findings, presented in Chapter Five, which outlined what workers perceived to be the situations in which SBP was inappropriate, the barriers to be overcome and the supports needed if SBP was to be implemented.

My previous analysis of the qualitative interview and survey data and of the Likert-type response questions about SBP's applicability, suggested that workers who thought that SBP was always applicable might define SBP differently from those who thought it only sometimes applicable. To explore this distinction further, I visually compared the frequency of codes for respondents in the 'Always' group with those in the 'Sometimes' group. I also conducted a chi-square analysis to assess whether there was a statistically significant difference in the challenges identified across these two groups, as the coding for the question about challenges had created sufficiently large groups to support this type of analysis.

Finally, I attempted to categorise all survey respondents into one of the five definitional groups described above, based on their responses to the open-ended survey questions 'How do you define SBP?' and 'What would someone watching you see you do with clients that you would describe as SBP?'. My hope was that I might establish the frequency of each definition of SBP and then use tests like ANOVA to examine differences across these definitional groups. However, I concluded that the data from these two questions was not sufficiently thick to support this categorisation. The survey did not include any questions specifically designed to distinguish between these definitional groups as I had constructed the five definitions of SBP from my qualitative analysis after the survey was finished. The five definitions were characterised by different degrees of complexity, with the more complex definitions integrating ideas from simpler definitions. While survey responses to questions as to how participants defined SBP varied considerably in length, there was no way to assess whether this was related to how workers perceived SBP or to other factors. Data for coding the more complex definitions was particularly thin. I assessed that this made the gathering of evidence for construct validity too problematic to proceed.

**Quality**

There is as not yet consensus as to what constitutes appropriate criteria by which to assess a good mixed methods study (O'Cathain, 2010; Onwuegbuzie & Johnson, 2006). Several mixed methods theorists have suggested that distinct quality criteria are needed to assess unique features of mixed methods studies like how methods are combined and analysis integrated (O'Cathain, 2010; Onwuegbuzie & Johnson, 2006; Tashakkori & Teddlie, 2008). Criteria proposed specifically for mixed methods incorporate criteria from quantitative and qualitative traditions and address the extent to which studies are conducted in ways that enable the researcher to answer the research question in a logical, transparent and useful manner, that respect the strengths and limitations of each method and that take into account the nature of the knowledge each method provides. O'Cathain (2010) collated these proposed criteria, which are summarised in Figure 1.

I endeavoured throughout the study to meet the quality criteria in Figure 1. My attempts were motivated to a large extent by my pragmatic goal that my findings be useful and relevant for child protection workers and their clients. This goal led me many times to reconsider my method, data and analysis in an attempt to be as rigorous and open to the experience of participants as possible. It encouraged me to make decisions about how to proceed through the study in a way that was logically linked to answering the research questions and respected the complexities of child protection practice. It also kept me alive to the possibility of contradictory or surprising information. While an important quality criteria was that inferences be consistent with some existing knowledge or theory, the question of *which* existing knowledge or theory could not be predetermined if I was to remain open to inferences that contradicted accepted ways of thinking about practice.

**Design**

All aspects of the design are appropriate for answering the research questions and consistent with the epistemological standpoint
There is clear and detailed information about all elements of the study
The choice of mixed methods is justified
The strengths and weaknesses of methods are considered to avoid overlapping weaknesses
The study is situated within and informed by a comprehensible critical review of the literature

**Implementation**

Methods are implemented with rigor
Methods are implemented in a way that remains true to the study design
Sampling technique and size for each method are adequate
Analytic techniques, including those that integrate qualitative and quantitative data, are appropriate for the research question and performed properly

**Interpretation**

It is clear which methods produced which findings
Inferences are consistent with the findings on which they are based
Inferences are consistent with current knowledge or theory
Others are likely to reach the same conclusion based on the findings and methods presented
Inferences are more credible than other conclusions considered
Meta-inferences adequately incorporate inferences from the qualitative and quantitative findings
Inconsistencies between inferences are explained
Inferences correspond to the research questions and purpose

**Translation**

The findings can be transferred to some other context, group or time
The findings are usable
Reporting of findings is accessible and clear

**Figure 1 Quality Criteria for Mixed Methods Studies (adapted from O'Cathain, 2010)**

I was also influenced by Thorne's (2008) criteria for a good interpretive description study. This is very similar to the criteria outlined above. She adds the requirement that the study contribute to disciplinary knowledge, be morally defensible and take into account the possibility that findings will be put into practice. I considered that any findings that might inform practice needed to be logically justifiable, rooted in participants' experiences rather than my own preconceptions and provide a perspective that might help address the challenges of SBP in child protection work.

I have endeavoured to make all sections of this dissertation sufficiently comprehensive and detailed to make accessible the reasons for my methodological choices and inferences. This

enables readers to assess the extent to which they might reach similar conclusions and these conclusions are more credible than alternatives. I have reported discrepant data and inconsistent or non-significant findings and attempted in my sampling for interviews to include a wide variety of viewpoints.

Throughout the study I sought to engage in a reflexive process of journaling to examine my own biases and assumptions. I wrote regular memos to capture my starting assumptions, evolving perspectives and questions to consider in future interviews and analysis. For instance, after each interview I wrote a memo documenting a synopsis of the interview and my impressions and initial thoughts about both its content and process. I found that this helped me to identify what had stood out for me about the interview and made me more able to move beyond these first impressions. The memos became part of the "audit trail" (Thorne, 2008) in which I tried to lay out the theoretical assumptions and personal perspectives that informed my inquiry.

I endeavoured to implement both the quantitative and qualitative components of this study as rigorously as possible. I attempted to address threats to credibility, although was unable to eliminate these completely. Three examples are outlined below:

1) In the explanatory emails for the survey I was clear that the study was intended for all frontline child protection workers, not only those who had done SBP or who had particularly strong views on the practice. However, it is possible that the findings were affected by unknown sources of sampling bias and in particular that respondents were disproportionately people who were particularly invested in SBP.

2) I attempted to create for interviewees an environment in which they would feel able to talk openly about their experiences. It is likely however that their responses were constrained by such contextual elements as their assessment of the expectations held by MCFD and myself. This

is particularly a concern because many chose to be interviewed in their place of work and during work hours.

3) I endeavoured to follow principles of good survey design and the pilots I conducted suggested that the survey had face validity. However in the absence of a more extensive validation process, the extent to which respondents understood questions in the way I had intended and the impact of any measurement error are hard to assess. It appears that some elements, like the definition of an integrated team, were not clear.

In light of the fact that it was not possible for me to account for ways in which these factors might have influenced the findings, my credibility depends on understanding the limits of the knowledge gained by each method and ensuring my claims do not extend beyond these limits. The survey question asking participants how often they did SBP for instance, produced data not about the actual occurrence of SBP but about the perceived occurrence of what participants defined as SBP. Particularly in light of the findings regarding the varied definitions of SBP, this is an important distinction. Even the clearest findings from this study should be viewed as contextually limited and fallible. While they may lead to suggestions for action, these should be seen in the light of the pragmatist commitment to ongoing assessment and critique.

Finally, in order to assess the extent to which my findings were perceived to represent a perspective that might be helpful, I shared with all interviewees a synopsis of my analysis and asked them to identify which, if any, of the definitions represented their understanding of SBP. I also discussed the findings at a forum of child protection consultants convened by MCFD, and asked participants to identify the definition of SBP that was most appropriate for their work. All participants who responded to these requests appeared able to locate their standpoint within the analysis and many described the analysis as helpful or resonant. This suggests that my emergent

conceptualisation might have value, although the true test of this will only become clear if the findings inform practice.

**Summary**

This was a mixed methods study informed by a pragmatist epistemology. The population of interest consisted of 824 currently practising and fully delegated frontline child protection workers currently employed by MCFD. The sample of 225 workers was recruited through emails sent to the entire population. I collected data from 224 participants via an online survey which was designed for this study and tested using Think Aloud interviews. I also interviewed 24 participants. The survey respondents constituted a convenience sample and the interviewees were recruited through a combination of convenience and purposeful sampling. The quantitative data was analysed using descriptive and inferential statistics. The qualitative data was analysed using inductive coding and constant comparative techniques within an interpretive description approach. I also quantitized some qualitative survey data, before conducting descriptive and inferential statistical analysis. Components of the resulting analysis were presented to interviewees and to key MCFD staff for feedback regarding its resonance and relevance.

# CHAPTER 4 : DESCRIPTIVE INFORMATION

This study took place within the Ministry for Children and Family Development (MCFD), the main statutory child welfare agency in British Columbia, Canada. MCFD was a relatively early adopter of SBP, having first introduced the approach in 2003. This is two years earlier than the Minnesota jurisdiction of Carver County which, with Olmstead County, are

> often identified as two of the longest-term implementers of the Signs of Safety framework anywhere in the world. This long history with the model provides an opportunity to trace the dynamics involved in implementing a Child Protection intervention strategy such as Signs of Safety, and identify lessons learned for other jurisdictions interested in doing so. (Idzelis Rothe et al., 2013, p. 6)

MCFD has invested in province-wide training to support the approach and since 2008 has expected all protection workers to implement SBP at all stages of case management. The organisation has had time to embed SBP into its policies and expose workers to its ideas. This made it less likely that a study into whether and how child protection practitioners applied SBP ideas in their frontline work would pull up short with the simple conclusion that the approach had not yet been sufficiently propagated, and increased the chances that it might say something about the fit of the approach with the conditions and goals of contemporary child protection practice.

## British Columbia Ministry for Children and Family Development (MCFD)

The Ministry for Children and Family Development is a branch of the provincial government with 429 offices located across British Columbia (Charles, Oliver, Lach, Torrans, & Dudding,

2012). Its staff provide full child protection services, including assessment and investigation, services to support families and to mitigate and monitor child protection concerns, and guardianship and adoption services to children in its legal care. These services are provided to all children in the province, with the exception of those Aboriginal and Metis children who are served by Delegated Agencies. These are agencies who have signed Delegation Agreements with the Provincial Director of Child Protection which enables them to deliver services to a specified Aboriginal or Metis community. Currently nine Delegated Agencies are delegated to hold full child protection responsibilities while another 14 have partial delegation to provide some child welfare services.

MCFD introduced SBP in 2003 (Ministry for Children and Family Development, 2004a). when the first Family Development Response (FDR) teams were created to offer a differential response to child protection concerns (Marshall et al., 2010). This was intended to be a more collaborative response than traditional child protection investigations, focussed on negotiated goals and using the principles of SBP. FDR teams received training in strengths-based questioning and in the Signs of Safety model (Ministry for Children and Family Development, 2004c). MCFD practice standards required those delivering FDR to conduct a "strengths-based assessment of the family's capacity" (Ministry for Children and Family Development, 2004b). Written material supporting the new policy of FDR referenced the strengths-based work of Turnell, Edwards and Saleeby (Ministry for Children and Family Development, 2004c).

The following decade saw SBP promoted as the preferred response to child protection concerns on Intake, Family Services and Integrated teams in addition to the FDR teams. By 2008 it was expected that workers on all child protection teams would implement the approach (J. Wale, personal communication, July 31, 2013). There were several initiatives to train workers in

SBP. The following course titles and descriptions were taken from the Learning Management System, the central database of training for MCFD employees. This is not a complete record of all training offered and it is likely that more training was offered over this period (J. Morais, personal communication, August 29, 2013).

In 2006 50 team leaders received training in "Collaborative, Strength Based Practice". In 2008 SBP training was included in the core training for newly hired child protection staff. A course description stated that during the two day course "participants will identify the characteristics of a strengths-based perspective when working with families and children and how to identify family strengths". Some regions offered classes in skill-building to support the focus on strengths-based, collaborative practice.

A new initiative to train workers in SBP was launched in 2011, although there was variation in the type and duration of training that was offered across the administrative districts. One region offered 10 sessions of "Collaborative Response Model", which was described as focussing on strengths-based practice and skills development. A second region conducted nine two-day workshops that "focussed on SBP and skills development where participants are given an overview of how strengths-based practice supports current practice shifts in terms of expanding Family Development Response". A third region offered two sessions of a course titled "FDR Strengths Based Practice" which addressed how "we implement strengths-based practice in our work and the tools that encourage strengths-based practice, including scaling questions, searching for exceptions, discovering family strengths and the miracle question". In 2011 nine groups of new child protection workers received a two day course in SBP as part of the core training they received when first hired. A course description stated that "the course emphasizes interventions that tap into client resources, talents, knowledge, motivation, and environmental

assets. The strengths-based approach to working with families aims to support and strengthen family functioning by identifying and building upon a family's existing strengths". Seven more sessions of this training ran in 2012 and 2013.

There have been a number of updates to policies in this area since 2003. The current Child Protection Response Policy (Ministry for Children and Family Development, 2012) describes expectations that workers implement a strengths-based approach at all stages in the child protection process. They are, for instance, expected to "use strengths-based, solution-focused communication techniques when discussing the family's situation and exploring possible solutions" (p. 3-53), to "take an approach to planning that recognizes that families are experts regarding what interventions or services will be most supportive to them" (p. 3-95) and to "recognize that family members have strengths upon which they can draw as they work towards the kind of positive change that will improve the safety of the child/youth and the family's overall well-being" (p. 3-95).

## Definition of MCFD Terms

The terms listed below are common terms within MCFD and are used in this study:

**Intake (ITK) Teams:** The primary function of these teams of child protection workers is to assess child protection reports, make community referrals and work for up to 30 days to support families and mitigate child protection concerns. They are typically the first point of contact for families regarding child protection concerns. Families needing longer-term work are referred to a Family Development Response, Family Service or Integrated teams.

**Family Development Response (FDR) Teams:** These teams were first established in 2003. Their primary function is to provide intensive time-limited support to families to address child safety concerns. They use a strengths-based approach modelled on the Signs of Safety (Turnell & Edwards, 1999). They accept referrals from Intake teams when the children are deemed to be at lower risk, and the parents are deemed to be willing to cooperate with an assessment and intervention. A variety of factors, including the age and vulnerability of the child, the history of child protection concerns and the capacity of the family to care for the child contribute to the assessment as to whether a FDR team is appropriate (Ministry for Children and Family Development, 2004a).

**Family Service (FS) Teams**: These teams provide ongoing assessment and services to families who have been referred from Intake and who are deemed ineligible for a Family Development Response. They most commonly work with children who are perceived to be at higher risk, or for whom resolution of the child protection concerns is expected to take more than three months. They service families who are involved in child protection court proceedings.

**Integrated (INT) Teams:** The definition of these teams varies. It can refer to teams in which child protection workers carry out more than one of the following child protection functions: intake, family development response, family service or guardianship and adoption planning for children who have become wards of the state. It can also refer to teams combining child protection workers and colleagues from another field of practice like child and youth mental health services, youth probation services or addictions services. In this study the term covers

both definitions in that it is used to describe teams which include frontline child protection workers and which carry out more than one of the above functions.

**Integrated Case Management (ICM):** This is the name of the computerized information system shared by MCFD, the Ministry of Social Development and Social Innovation (SDSI) and the Ministry of Technology, Innovation and Citizens' Services (MTICS). The system was first introduced in 2010, although it did not become the primary information recording and retrieval system for child protection workers until 2012. The intent of ICM was to upgrade what was deemed to be obsolete information technology and to facilitate better information sharing and coordination relating to key government social programs. However, difficulties experienced by child protection workers in using the system to access and record information has meant that remedial action has been required to adapt the system to their needs (Shera & Litton, 2013).

## Description of Survey Participants

The survey was completed by 224 participants. This represented 27% of the total population of 824 fully delegated frontline child protection workers in MCFD workers at the time of the survey. The following description of survey participants is based on the analysis, described in Chapter Three, of their responses to the demographic questions in the survey.

Twenty seven percent ($n = 60$) of survey participants said they belonged to a Family Service team, 21% ($n = 48$) to an Intake team and 5% ($n = 10$) to a Family Development Response Team. Initially 37% ($n = 83$) reported belonging to an Integrated team and 12% ($n = 27$) to the category of 'Other'. However some of the descriptions of 'Other' were of teams with multiple functions, for instance one person identified as belonging to a team that combined

intake, investigation, guardianship, adoption, resources, probation, child and youth mental health and addictions services. I recoded as 'Integrated' the team membership of all participants in the 'Other' category who identified as belonging to teams that had more than one function. This left 45% ($n = 101$) on Integrated teams and 2% ($n = 5$) on single function teams not previously mentioned, like Youth Services.

It should be noted that the demographic characteristics of workers did not differ significantly across these team types. A one-way Analysis of Variance (ANOVA) test showed no significant difference in mean age of workers across teams and Kruskal-Wallis tests, chosen due to the non-normal distribution of years of SBP experience and child protection experience, showed no significant differences in these variables across teams.

Sixty eight percent ($n = 153$) of survey participants held a Bachelor of Social Work (BSW) qualification, 18% ($n = 41$) held a Bachelor of Child and Youth Care and 8% ($n = 18$) held a Master of Social Work (MSW). Five percent ($n = 12$) identified as holding a qualification in the category of 'Other'. These included degrees in the arts, psychology, education and nursing.

Participant years of experience as a fully delegated child protection worker ranged from 0 to 32, with an average of 8.41 *($SD = 6.08$)*, median of 7 and a mode of 5 years. Their years of experience doing SBP ranged from 0 to 40, with an average of 8.28 *($SD = 6.81$)*, median of 7 and a mode of 10 years. Participant ages ranged from 23 to 65 years, with the average age being 41.9 years ($SD = 10.46$), the median being 41 and the mode being 35 years. Ten participants declined to give their age.

**Survey Sample Representativeness**

One question related to the description of survey participants is the extent to which they can be

seen to be representative of the population of fully delegated MCFD child protection workers ($N$

$= 824$). The survey link was clicked by 342 workers, or 42% of the population. The survey was

completed by 224 workers, representing a response rate of 27%. The response rate suggests that

in the absence of non-sampling error, results could be said to represent the population with a

margin of error of 5.59%, 95% of the time.

In August 2013 MCFD provided me with data regarding the age of child protection

workers. The data excluded workers in supervisory or management positions but, unlike the

study sample, included workers at all levels of delegation. It was, however, the nearest proxy

available for the age of frontline delegated child protection workers. The mean age of these

workers was 42.58 ($SD = 10.9$), median age was 41.26 and mode was 34.2. I conducted a one-

sample t-test to ascertain whether, in terms of age, the study population might be seen as

representative of frontline child protection workers in MCFD. The test showed no significant

difference between the mean age of the survey sample ($M = 41.9$ years, $SD = 10.46$) and the

mean age of the current population of frontline child protection workers, $t(213) = -.948, p = .34$.

In terms of their age the sample can be seen as representative of the broader MCFD child

protection population.

In a sample of this nature, however, it is likely that there is non-sampling error. The

sample is comprised of workers willing and able to respond. Those who responded may well

have different characteristics from those who did not respond, and it is impossible to estimate the

extent and effect of such differences (Fricker, 2008). This problem is often unavoidable in

exploratory research (Palys & Atchison, 2003). However it should be remembered that the inferential statistics used in this study do not take into account non-sampling error. This means that caution is needed in generalising from the sample to the population. Findings are best interpreted as providing theoretical support for possible patterns in the population, rather than an accurate description of the population.

## Description of Interview Participants

I interviewed 24 frontline MCFD child protection workers. Their ages ranged from 28 to 64 with a mean age of 38.75 ($SD$ = 9.74). Their years of child protection experience ranged from 0 to 23, with a mean of 7.17 ($SD$ = 5.80). They claimed between 1 and 40 years of experience doing SBP, with a mean of 9.79 ($SD$ = 9.35).

Fourteen interviewees worked on Integrated teams, six on Family Service teams, two on Family Development Response teams, one on an Intake team and one on a Youth team. Seven were male and seventeen female. Sixteen workers had a BSW, two had an MSW and six had a qualification they designated as 'Other.' These included qualifications in the psychology, counselling, medical and criminal justice fields.

One of my sampling criteria was that interviewees have a range of views as to whether SBP was hard to do in child protection work. The final sample comprised of 10 people who disagreed to some extent that SBP was hard, eight who agreed, three who neither agreed nor disagreed and one who did not complete this survey question.

## Researcher Perspective

Interpretive description requires the researcher to 'forestructure' what she brings to the study (Thorne, 2008). This means laying out the assumptions, personal agendas, and professional experiences which will potentially keep her from grasping the worlds of those she seeks to understand. I did not see this reflection as a one-off task, but rather as an ongoing process throughout the study. However in this section I have endeavoured to describe some of the perspectives I held at the outset of the research.

When I started data collection it had been 17 years since I completed a Masters in Social Work and embarked on a career in the statutory child protection field. My social work degree and introduction to child protection practice in England during the mid 1990s was heavily influenced by a forensic investigative practice model. My focus was on establishing the facts of alleged abuse or neglect and assessing and mitigating the risk of future harm. When I began working as a statutory child protection worker in British Columbia in 1998, the legislation, policy and culture within MCFD all supported this focus. As I became more experienced, my frontline practice and work training and mentoring child protection workers was grounded in this 'risk-focused' approach.

It was from this perspective that I witnessed the introduction of SBP to MCFD. I was asked to train workers in both the traditional investigative approach and in SBP, and I became increasingly intrigued with the question of whether and how the two approaches were compatible. My experience told me that statutory child protection settings were characterized by scarce resources, demoralized workers, involuntary clients and frequent divergence between the needs of children and their parents. I was skeptical as to whether SBP was possible in these contexts. It certainly seemed to me that it required highly sophisticated relational skills and a

great deal of flexibility if it was to work. I found SBP appealing, having often found myself unable to make effective relationships with clients when using a more traditional deficit-focused approach. However, I wondered if SBP was more suited to voluntary mental health practice than to child protection work. I saw SBP as a new approach for child protection work, albeit one that echoed past child protection practices, and I suspected that there were limits on its usefulness.

I came to the study believing that most child protection workers wish to do the best they can for their clients in a job that can be rewarding but also very hard. I believed that frontline workers were well-placed to say what approaches worked best and that they had to see new practices as both helpful and realistic if they were to implement them. I also believed that if the needs and practice wisdom of these workers were not taken into account, the needs of clients were unlikely to be met.

Finally, my views on child protection had been informed by the history described in the literature review. During my development as a social worker I had been heavily influenced by systems and ecological theories and I saw the person-in-environment perspective as one of the core disciplinary tenets of social work. I saw the child protection field as being rooted in the traditions and theory of social work and the person-in-environment perspective as an important element of the child protection knowledge base. It led me to see all phenomena as the product of the complex interaction between individuals and their environment and to believe that useful explanations of human behavior tended to incorporate both individual and contextual processes.

# CHAPTER 5 : SURVEY FINDINGS

## Knowledge and Use of SBP

In this study I set out to understand whether and how child protection workers applied the ideas of SBP. The first two survey questions were designed to explore this by asking participants "How much do you know about Strengths-Based Practice?" and "How often do you do SBP in your child protection work?". Participants were asked to choose a response from a Likert-type scale. The possible responses ranged from zero, representing knowing nothing about SBP and never doing SBP respectively, through to four, representing knowing a lot about SBP and always doing SBP (see Table 3).

**Table 3 Self-Assessed Knowledge and Use of SBP ($N$ = 224)**

| I know ... | Frequency | Percentage of $N$ | I do SBP... | Frequency | Percentage of $N$ |
|---|---|---|---|---|---|
| Nothing | 0 | 0 | Never | 0 | 0 |
| A little | 6 | 3 | Occasionally | 5 | 2 |
| A fair amount | 46 | 21 | Some of the time | 34 | 15 |
| A good amount | 121 | 54 | Most of the time | 130 | 58 |
| A lot | 51 | 23 | Always | 55 | 25 |

All participants reported that they knew at least a little about SBP ($M$ = 2.97, $SD$ = .74) and did SBP in their child protection work ($M$ = 3.05, $SD$ = .70). A two-tailed Pearson's Product Moment correlation was conducted to explore whether there was a relationship between self-reported knowledge and use of SBP. This showed a statistically significant positive relationship ($r(222)$ =.57, $p$ =.000), accounting for 32% of the variance in the association.

Spearman's correlations and one-way ANOVAs were conducted to explore whether self-reported knowledge or use of SBP varied with age, years of SBP or child protection experience, level of qualification or team membership. Both were positively correlated to SBP experience,

with SBP experience accounting for 7.6% of the variance in ranks for self-reported knowledge of

SBP ($r(222) =.28$, $p =.000$), and 3.5% of the variance in ranks for frequency of SBP use ($r(222)$

$=.19$, $p =.005$). SBP experience was the only variable that was found to be related to self-

reported use and frequency of SBP.

## Support for SBP

A pragmatist perspective suggested that whether workers implemented SBP would be connected

to the extent to which they felt positively about its application to child protection work. Four

questions, rated on a continuous scale ranging from 0 (strongly disagree) to 4 (strongly agree)

were designed to assess the level of support for the approach. Responses (see Table 4) showed a

high degree of support for SBP, with 89% ($n = 200$) in agreement that SBP was a good approach

for child protection work and 85% ($n = 191$) in agreement that SBP increased the chances of

success with clients. Only 9% ($n = 21$) felt that using SBP increased the risk to children.

**Table 4 Support for SBP ($N = 224$)**

|  |  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | *M* | *SD* |
|---|---|---|---|---|---|---|---|---|
| SBP is a good approach for child protection work | Frequency | 3 | 3 | 18 | 122 | 78 | 3.20 | .75 |
|  | Percentage | 1 | 1 | 8 | 55 | 35 |  |  |
| Doing SBP increases the chances I will be successful with my clients | Frequency | 2 | 7 | 24 | 112 | 79 | 3.16 | .80 |
|  | Percentage | 1 | 3 | 11 | 50 | 35 |  |  |
| I would like to do SBP more with my clients | Frequency | 2 | 6 | 59 | 101 | 56 | 2.91 | .83 |
|  | Percentage | 1 | 3 | 26 | 45 | 25 |  |  |
| Children are left at greater risk when protection workers do SBP | Frequency | 63 | 104 | 36 | 17 | 4 | 1.08 | .95 |
|  | Percentage | 28 | 46 | 16 | 8 | 2 |  |  |

Two-tailed Spearman's correlations were conducted to explore whether relationships existed between positive worker attitudes towards SBP and self-reported knowledge of SBP, frequency of SBP use and duration of SBP experience. They showed that self-reported SBP knowledge, frequency of use and length of SBP experience were indeed all positively correlated with the attitudes 'SBP is a good approach for child protection work' and 'SBP increases the chances I will be successful with my clients' and that the first two variables were negatively correlated with the attitude that SBP increases risk for children (See Table 5).

Two-tailed Spearman's correlations were also used to ascertain whether support for SBP varied with age and length of child protection experience. These showed no relationship between attitudes of support for SBP and length of experience as a child protection worker. However there were significant positive correlations between worker age and the attitudes that SBP is a good approach for child protection work, that it increases the chances of success and that workers would like to do SBP more.

**Table 5 Correlations Among Worker Characteristics and Attitudes of Support for SBP**

|  | I would like to do SBP more with my clients | SBP is a good approach for child protection work | Children are left at greater risk when protection workers do SBP | Doing SBP increases the chances I will be successful with my clients |
|---|---|---|---|---|
| Age ($n = 214$) | .14* | .19** | -.04 | .14* |
| SBP Experience ($N = 224$) | .09 | .23*** | -.09 | .22** |
| Knowledge of SBP ($N = 224$) | .09 | .28*** | -.26*** | .30*** |
| Frequency of SBP ($N = 224$) | .18** | .33*** | -.31*** | .41*** |

*$p < .05$, ** $p < .01$, *** $p < .001$
Shaded correlations are Pearson's *r*. All other correlations are Spearman's *rho*

One-way ANOVAs and their non-parametric equivalent, the Kruskal-Wallis test, were conducted to explore whether worker support for SBP varied with their qualification or team

type. While these showed no association with qualification, there was a significant relationship

between team membership and the belief that SBP increased risk to children, $H(3) = 9.13$, $p =$

.028. The mean scores on this attitude were .50 for FDR workers ($SD =$.71), 1.04 for Integrated

workers ($SD =$.95), 1.08 for Intake workers ($SD =$.92) and 1.33 for Family Service workers ($SD$

$=$.97). This suggested that any significant differences were likely to be between the FDR and the

Family Service workers. To explore further, I conducted two post-hoc Mann Whitney U tests to

assess whether differences between the FDR and FS workers, and between the FDR and Intake

workers, were significant. The FDR workers ($Mdn = 0$) agreed significantly less than workers on

Family Service teams ($Mdn = 1$) with the statement "Children are left at greater risk when

protection workers do SBP", $U = 150.50$, $z = -2.68$, $p = .007$, $r = -.32$. Team membership

accounted for 9% of the variance on this attitude between the two groups. There was no

significant difference in this attitude between the FDR workers and the Intake workers ($Mdn =$

1), $U = 153.00$, $z = -1.90$, $p = .058$, and therefore it could also be concluded that there was no

difference between members of the FDR and Integrated teams.


## Applicability of SBP

The close relationship described in Chapter Two between changes in frontline practices and in

the perception of the role of child protection workers had led me to hypothesise that the

application of SBP ideas would depend somewhat on the extent to which workers saw them as

possible within and relevant to their role. Four Likert-type response survey questions were

intended to elicit worker attitudes about these aspects of SBP's applicability to child protection.

Of all the attitude questions, these four elicited the most even spread of participant

responses (see Table 6). Nearly the same number of participants agreed as disagreed with the

statements regarding the appropriateness of SBP. Forty-five percent (*n* = 101) thought SBP was appropriate in every situation and 40% (*n* = 90) that it was not. Forty-four percent (*n* = 99) thought it was right for all clients while 43% (*n* = 97) thought that it was not. Regarding the two questions pertaining to how difficult it was to do SBP, approximately twice as many workers thought that SBP was not hard than thought it was hard and approximately twice as many thought it was always possible than thought it was not always possible.

**Table 6 Attitudes Regarding the Applicability of SBP (*N* = 224)**

|  |  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | *M* | *SD* |
|---|---|---|---|---|---|---|---|---|
| SBP is appropriate in every situation | Frequency | 20 | 70 | 23 | 66 | 35 | 2.12 | 1.26 |
|  | Percentage | 9 | 31 | 15 | 30 | 16 |  |  |
| With some clients SBP is not the right approach | Frequency | 29 | 70 | 28 | 78 | 19 | 1.95 | 1.23 |
|  | Percentage | 13 | 31 | 13 | 35 | 9 |  |  |
| SBP is hard to do in child protection work | Frequency | 30 | 99 | 29 | 58 | 8 | 1.62 | 1.11 |
|  | Percentage | 13 | 44 | 13 | 26 | 4 |  |  |
| It is always possible to do SBP | Frequency | 9 | 54 | 29 | 92 | 40 | 2.45 | 1.16 |
|  | Percentage | 4 | 24 | 13 | 41 | 18 |  |  |

I conducted correlations to ascertain whether there was any relationship between workers' self-reported knowledge and use of SBP and their attitudes regarding SBP's applicability. These showed that as self-reported knowledge of SBP, frequency of SBP use and length of time using SBP increased so did the extent to which SBP was perceived to be possible and appropriate (see Table 7). The largest effect, of medium size, was for frequency of use, which accounted for 10 -

16% of variance in these attitudes as to SBP's applicability. Length of SBP experience accounted

for 4 - 6% of variance in these attitudes and self-reported SBP knowledge accounted for 3 - 7%.

**Table 7 Correlations Among Worker Characteristics and Attitudes about SBP Applicability**

| | SBP is hard to do in child protection work | It is always possible to do SBP | SBP is appropriate in every situation | With some clients SBP is not the right approach |
|---|---|---|---|---|
| Age (N=214) | -.23** | .14* | .11 | -.11 |
| Years of SBP Experience (N=224) | -.20** | .25*** | .24*** | -.24*** |
| Knowledge of SBP (N=224) | -.22** | .24*** | .17* | -.27*** |
| Frequency of SBP (N=224) | -.34*** | .40*** | .32*** | -.33*** |

$* p < .05, ** p < .01, *** p < .001$
Shaded correlations are Pearson's *r*. All other correlations are Spearman's *rho*

I also sought to establish whether differences in attitudes regarding the applicability of

SBP were related to such worker characteristics as age, length of child protection experience,

qualification or team membership. Age was significantly correlated to workers seeing SBP as

less hard and more possible, accounting for 2 - 5% of variance in these attitudes. It was not,

however, correlated to attitudes regarding the appropriateness of SBP. Neither years of child

protection experience nor level of qualification were related to any of the four attitudes outline in

Table 7.

One way ANOVAs did, however, indicate a significant difference across the four team

types (Intake, FDR, Family Service and Integrated) for the attitude 'SBP is appropriate in every

situation', $F(3,215) = 2.71$, $p = .046$, $\omega = .15$. A Hochberg's GT2 post hoc test, chosen because

the groups were different sizes but had homogeneous variance, was used to make pairwise

comparisons between the team types. It showed a significant difference between the Intake and

Integrated workers on the attitude 'SBP is appropriate in every situation' ($p =.032$, $r =.22$). Members of Integrated teams ($M = 2.26$, $SD = 1.29$) were more likely than members of Intake teams ($M = 1.65$, $SD = 1.16$) to feel that SBP was always appropriate. The effect size for this comparison was small, with team membership accounting for only 5% of the variance between the two team types.

A one-way ANOVA also showed a difference according to team membership that was on the boundary of statistical significance for the attitude 'With some clients SBP is not the right approach', $F(3,215) = 2.64$, $p = .05$, $\omega = .15$. A Hochberg's GT2 post hoc test showed a difference between the Intake and FDR workers that was also on the boundary of statistical significance ($p =.053$, $r =.33$). The FDR team members ($M = 1$, $SD = 1.49$) were less likely to agree with the attitude than the Intake team members ($M = 2.1$, $SD = 1.53$). There was a medium effect size for this difference, accounting for 11% of the variance between workers from the two team types.

## 'Sometimes' and 'Always' Applicable

To further explore emergent differences in the attitudes regarding SBP's applicability, I coded participants into those who thought SBP was always applicable and those who thought it was not. The criteria for this coding are detailed in the Plan for Statistical Analysis of Survey Data in Chapter Three. Forty two participants were coded as missing, leaving 70% of the remaining sample of 182 in the 'Sometimes' group ($n = 128$) and 30% in the 'Always' group ($n = 54$). A number of statistical tests were then conducted to ascertain whether membership of these two groups was related to worker demographic characteristics or self-reported SBP knowledge or use.

Chi-square tests were used to explore whether those who clearly saw SBP as always applicable differed in their team membership or level of qualification from those who clearly saw SBP as only sometimes applicable. They did not. A t-test also indicated that the groups did not differ in mean age, and a Mann Whitney U test showed no difference in child protection experience.

There was, however, a significant difference between the groups in their length of SBP experience, knowledge of SBP and use of SBP. Mann Whitney U tests showed that the median years of SBP experience for the 'Always' group ($Mdn = 10$) was significantly higher than that for the 'Sometimes' group ($Mdn = 5$), $U = 2395.50$, $z = -3.28$, $p = .001$, $r = -.24$. A t-test showed that the mean SBP knowledge score of the Always group ($M = 3.28$, $SD = .60$) was also significantly higher than for the 'Sometimes' group (M = 2.85, SD = .733); (t(180) = -3.778, p = .000, $r = .27$). These differences across the groups constituted a small effect. Self-reported use of SBP was also related to whether participants felt SBP was sometimes or always applicable. A t-test showed that those in the 'Always' group ($M = 3.43$, $SD =.54$) did SBP significantly more frequently than those in the 'Sometimes' group ($M = 2.88$, $SD = .70$); ($t(180) = -5.18$, $p = .000$, $r = .36$).

**The Use of SBP Techniques**

Scaling, miracle, coping and exceptions questions are, at least in theory, important techniques of strengths-based solution-focussed practice in child protection work. Survey respondents answered a series of questions asking them to rate how often they had used these techniques in their last 10 conversations with parents of children on their child protection caseload. These questions elicited the rate of self-perceived use of these techniques and offered some insight into the extent to which participants saw themselves applying the SBP model described in much of

the child protection literature. It should be noted that the responses were not expected to provide

an accurate accounting of the use of these techniques, as participants tend to perceive past events

as happening more recently than is true and to generally have difficulty recalling this kind of

detailed information (Brace, 2008).

The self-perceived use of each of the four SBP questioning techniques, is detailed in

Table 8.

**Table 8 Use of SBP Techniques in Previous 10 Adult Client Conversations**

|  |  | Not used | Used once or twice | Used three or four times | Used five or more times | I do not know this technique | *n* | *M* | *SD* |
|---|---|---|---|---|---|---|---|---|---|
| Miracle Question | Frequency | 53 | 58 | 41 | 61 | 4 | 217 | 2.47 | 1.19 |
|  | Percentage | 24 | 27 | 19 | 28 | 2 |  |  |  |
| Exceptions Question | Frequency | 28 | 52 | 53 | 63 | 21 | 217 | 2.50 | 1.30 |
|  | Percentage | 13 | 24 | 24 | 29 | 10 |  |  |  |
| Scaling Question | Frequency | 36 | 57 | 50 | 67 | 7 | 217 | 2.62 | 1.18 |
|  | Percentage | 17 | 26 | 23 | 31 | 3 |  |  |  |
| Coping Question | Frequency | 15 | 27 | 60 | 102 | 11 | 215 | 3.06 | 1.16 |
|  | Percentage | 7 | 13 | 28 | 47 | 5 |  |  |  |

To explore these groups further, I added the responses of those workers who reported not

knowing the techniques to the responses of those workers who reported not using the techniques.

This created a continuous scale for each technique of self reported use, coded from zero (no use

of the technique) through to three (technique used five or more times in the last 10 client

conversations). For the miracle question the mean was 1.49 (*SD* = 1.16), for the exceptions

question it was 1.60 (*SD* = 1.13), for the scaling question it was 1.65 (*SD* = 1.17) and for the

coping question it was 2.11 (*SD* = 1.04).

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As all four variables regarding use of these specialised SBP techniques had skew or kurtosis ratios greater than three, I conducted Spearman`s correlations to explore relationships between self-reported use of the techniques and worker age, SBP experience, child protection experience, use and knowledge of SBP and attitudes towards SBP (see Table 9).

**Table 9 Correlations Between Worker Characteristics and Use of SBP Techniques**

|  | Miracle Question $n = 217$ | Exceptions Question $n = 217$ | Scaling Question $n = 217$ | Coping Question $n = 215$ |
|---|---|---|---|---|
| Knowledge of SBP | .168[*] | .237[**] | .091 | .141[*] |
| Frequency of SBP | .190[**] | .228[**] | .030 | .132 |
| SBP Experience | -.023 | .037 | .000 | -.014 |
| Age | -.063 | -.149[*] | -.065 | .037 |
| Child Protection Experience | -.106 | -.197[**] | -.093 | -.032 |
| Belief that using SBP leaves children at greater risk | -.072 | -.198[**] | .117 | -.029 |

*$p < .05$, ** $p < .01$

Spearman's correlations showed no relationship between reported use of any of the four techniques and years of SBP experience. There was also no relationship between use of the scaling question and any of the variables. Those who reported knowing more about SBP reported using the miracle, exceptions and coping questions significantly more. There was also a statistically significant relationship between reported use of the SBP approach in general and reported use of the miracle and exceptions questions, although no correlation with use of the coping and scaling questions.

Age and child protection experience were significantly related to use of the exceptions question only. As each increased, use of this question decreased. The only attitude which was

significantly correlated to use of any of these techniques was 'Children are left at greater risk when protection workers do SBP'. People who agreed with this statement were less likely to use exceptions questions. It should be noted that effect sizes for all these significant correlations were small, ranging from .14 to. 24.

One way ANOVA's showed there to be no significant differences in the mean scores for the miracle, exceptions or scaling questions across levels of qualification. The non-parametric equivalent of the Kruskal-Wallis test was conducted for the coping question, as scores for this variable were not normally distributed within the qualification groups. This showed there to be no differences in the mean reported use of the coping question across qualifications.

One way ANOVA's showed the mean score of the miracle question, and this question only, to be significantly related to team membership, $F(3,209) = 2.78$, $p = .042$, $\omega = .49$. Hochberg's GT2 post hoc tests indicated that Intake workers ($M = 1.80$, $SD = 1.17$) were more likely than Family Service workers ($M = 1.19$, $SD = 1.14$) to report use of the miracle question, ($p = .039$, $r = 0.26$) although the effect size for this comparison was small.

## When SBP is Inappropriate

I offered respondents who had agreed with the statement 'SBP is not right for some clients' or disagreed with the statement 'SBP is appropriate in every situation' the opportunity to answer an open-ended question asking in which situations, or for which clients, SBP was not appropriate. Using the interpretive description coding and quantification processes described in Chapter Three, I inductively coded the content of their responses to this question. I collapsed these codes into larger categories which summarised the clients and situations for which SBP was deemed

inappropriate. I then recoded all the responses to this question using these categories and counted the frequency of responses in each category.

Respondents across all team types stated that there were situations for which, and clients for whom, SBP was inappropriate. One hundred and two of these respondents offered one or more examples of such situations or clients (see Table 10). It should be noted that while this question specifically asked about the limits of the appropriateness of SBP, a small number of people had clearly conflated the concepts of 'appropriate', 'possible' and 'effective' and described situations in which SBP was particularly challenging or ineffective. Their responses were, however, included in this analysis.

Table 10 When SBP is Not Appropriate ($n$ = 102)

| When SBP Is Not Appropriate | Percentage of $n$ |
|---|---|
| With clients who are not willing to work collaboratively | 30 |
| When the worker must act to secure the child's immediate safety | 26 |
| With (some) clients with substance use issues | 25 |
| With (some) clients with mental illness | 21 |
| With clients who are hostile or aggressive | 18 |
| With clients who deny concerns | 14 |
| With (some) clients who sexually abuse | 12 |
| When the abuse was particularly severe | 10 |
| With (some) clients with a long history of child welfare involvement | 7 |
| With clients with limited cognitive capacity | 5 |
| In some situations of family violence | 4 |
| With clients who are sociopathic or psychopathic | 4 |
| With clients who deliberately harm their child | 2 |
| With clients who are involved in criminal activity | 2 |

Unique responses: when the worker had already made a relationship with the client; investigation cases; child protection cases; when there was court involvement; when the worker was on the witness stand; with clients of differing cultural backgrounds; in cases involving homelessness or prostitution; and with parents who did not care for the welfare of their children

Some respondents suggested that SBP was not appropriate for a broad cross-section of typical child protection clients, for instance one worker cited "child protection cases" (260, FS[1]) and another, "mentally ill clients, clients where severe physical or sexual abuse has occurred, domestic violence. Severe substance using clients" (90, INT). In most cases workers specified that SBP was inappropriate for entire client populations, for instance people with mental illness or addictions. Sometimes they qualified their responses with words like 'some' and 'sometimes' to suggest that SBP was inappropriate only for certain people within these categories.

## Challenges

One goal of this study was to understand the factors perceived by workers to be barriers and supports to SBP in child protection practice. To this end, I included in the survey an open-ended question asking workers what they found to be most challenging about SBP. Their responses are summarised in Table 11.

Two hundred respondents answered this question by identifying challenges. Often they identified more than one challenge. I coded the responses using the inductive coding techniques described in Chapter Three. This coding process led to the development of a series of codes describing practitioner challenges, grouped into the larger categories of 'organisational factors', 'client factors' and 'practice factors' to reflect where respondents located the source of their challenges. I then recoded all survey responses to this question using these codes and categories and counted the frequency of responses within each.

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[1]In reporting these findings I have used quotations to illustrate categories and I have identified these quotations with the respondents' survey identification number and team type, abbreviating ITK for Intake, INT for Integrated, FS for Family Service, FDR for Family Development Response and OTH for Other.

**Table 11 Factors Making SBP Challenging (*n* = 200)**

| Factor | Percentage of *n* |
|---|---|
| **Organisational Factors** | **46** |
| Lack of time | 25 |
| Unsupportive organisational culture | 12 |
| Lack of resources | 8 |
| Legislation, tools and policies | 8 |
| Unsupportive supervisor | 4 |
| Unsupportive management | 3 |
| Other agencies uncooperative | 2 |
| Lack of effective training | 1 |
| **Client Factors** | **31** |
| Clients who are unwilling to engage/acknowledge concerns | 12 |
| Hostile clients | 6 |
| Clients with whom it is hard to find strengths | 4 |
| Clients with substance use issues | 3 |
| Clients with mental health issues | 3 |
| Clients with a long history of child welfare involvement | 4 |
| Clients who lack capacity | 3 |
| Clients do not trust SBP | 4 |
| **Practice Factors** | **31** |
| Balancing supportive and directive roles in client relationship | 14 |
| Identifying strengths | 6 |
| Keeping the right attitude | 6 |
| Being strengths-based in high risk situations | 4 |
| SBP requires a high degree of skill | 2 |
| Not being phony | 1 |
| Managing conflict | 1 |
| Not ignoring structural barriers | 1 |
| Doing SBP with non-English speakers | 1 |

## Organisational Factors

Ninety-two of the 200 respondents to this question identified challenges relating to

organisational supports for SBP. The most common challenge, identified by 49 workers, was the

lack of time to do SBP. Respondents talked of lacking the necessary time to construct strengths-

based  relationships with clients, to explore strengths and to develop plans. This was an approach

that was seen as requiring considerably more investment from workers than 'business as usual'. As one worker said, "It is a lot easier to tell a client what they need to do as opposed to taking the time to involve the family and extended family. Strength based work can be very time consuming" (232, FS). Another wrote that,

> Strengths-based practice takes a great deal of time, effort and patience. You must build a strong relationship with the client in order to weather the storm of real change. This can be difficult in a child protection setting but it is possible! I have been amazed time and time again at what families and youth are able to do when they feel empowered to make change. Although it takes tremendous work up front, the shift away from adversarial relationships and top down power dynamics free both client and worker to focus on the real needs and issues. (212, OTH)

While some talked of the benefits of being able to take the time with clients they felt was necessary, others identified that attempting SBP without sufficient time had significant costs for the client:

> I have found that an asset search can be difficult and painful for a client if only a short time is available as clients can be left with only a handful of strengths and feel terrible. When I've had time to do really thorough asset searches, clients have been surprised by how many positives they have. However, I've found that clients can freeze up when asked about good things in their lives and this needs to be drawn out over several meetings. (168, INT)

Workers frequently explicitly linked the lack of time to excessive caseload size. Administrative demands like form-filling and data entry on the ICM computer system were also seen to take social workers away from strengths-based work with families:

> All the paperwork (particularly with the onslaught of the hideous ICM) that forces social workers to do "virtual" social work rather than "real" social work. Mark my words, the whole system is going to come crashing down like a deck of cards if the current situation is not rectified . . . in a hurry!  Social workers are all sagging under a crushing load of paperwork! (55, INT)

Twenty-three workers identified the organisational culture of MCFD as a major barrier to SBP. It was characterised as deficit-based, constantly changing and overly concerned with allocating blame:

> I do not believe that we work from a strength based practice approach. I think that we give lip service to the practice, but when it comes down to the work and the tools that we have, it is still from a place of what is lacking. (297, FS)

There was concern that an organisational focus on expedience undermined SBP, which had been reframed as "the best way to save a buck" (281, INT). Colleagues were seen as unsupportive of SBP and inclined to be risk-averse and punitive. There was a lack of understanding as to what SBP in child protection work entailed:

> I find that how people interpret and teach strength based practice to be inconsistent and often inaccurate. I have been taught that it is a practice that does not say the bad stuff and only speaks in positive terms. This is not strength based practice. But there are many workers who are confused. I have found sometimes MCFD likes to grab an

idea without doing all the research to know exactly what they are talking about and

then teach things out of their intended context, which brings confusion. (254, INT)


Fifteen workers identified MCFD legislation, policies and tools as creating challenges for SBP. For some, the child protection mandate itself was a barrier to doing SBP. As one worker said, "it is difficult at times to work strength-based in child protection when child protection is inherently an intrusive and mandatory process" (54, FS). For others, 'risk-focussed' assessment tools and policies were problematic. One worker, for instance, wrote about the focus on eliminating, rather than managing, risk and gave the example of a strengths-based plan that had been undermined by the decision that someone with an unrelated criminal conviction could not provide care to a child. The policy that workers consult clients before interviewing children was also identified as problematic at times.

Sixteen workers identified lack of resources as problematic for SBP. Strengths-based plans needed to be supported by flexible and adequate services and these were seen as generally lacking. As one worker said, "it is incredibly time consuming and resource ($) heavy and we are not provided with either the time or resources to practice effectively in this manner. The workload is unethical" (209, FS). This created the sense that SBP was a "false front" (266, FS), or a means to divest responsibility to families without providing them with the means to properly assume it:

In this province strengths-based practice is an ideological investment in the form of

cost-saving that allows influential state agents to offload care responsibilities - which

the state or the community should shoulder - to family members - usually women -

who do not receive the training or economic compensation to sustain themselves or

their dependents. (281, INT)


Team leaders and managers were explicitly identified by twelve workers as barriers to

SBP. They were described as lacking knowledge of SBP, being scared to use it or actively

disagreeing with the approach. They were also described as insufficiently creative and strengths-

oriented for strengths-based planning to work.


**Client Factors**

Sixty-two of the two hundred respondents identified the challenges of SBP as lying with

particular groups of clients. The group most commonly identified as problematic for SBP

consisted of clients who were unwilling to acknowledge concerns or to engage in a collaborative

process. This included clients who absented themselves from the relationship physically, those

who did not acknowledge child protection concerns, those who wanted simply to be told what

they should do, those who were not prepared to look at the situation in a strengths-based way,

those who were unwilling to share information, those who lied to workers and those who did not

follow through on plans. As one worker wrote of SBP,

> I find that it assumes that people are in a place where they recognize that something
>
> needs to change in their family/life/situation, however in my experience most people
>
> that we work with in child protection are unwilling to acknowledge this. (240, INT)

Eleven people described the challenge of doing SBP with clients who were hostile or aggressive. As one said "It is extremely challenging to be faced with a disrespectful client and find it within yourself to remain SB" (216, INT). Another worker commented that,

I don't always know how to use this practice when clients are non-responsive or very aggressive. I believe relationship building is the key but you can't fake that as sometimes the connection just isn't working. When clients are aggressive I don't always think of this practice as I am in "protective mode" for myself. (268, FS)

With some clients it was simply difficult to find strengths. Some clients with mental health or substance use problems were also identified as presenting particular problems for this approach, in addition to clients who had had extensive involvement with MCFD and either did not trust a new approach or were locked into negative patterns of interacting with MCFD. These were described by one worker as "the chronic clients that are 'lifers' and have a hard time accepting that things are going to be done differently this time around" (388, INT).

SBP was also challenging with people who did not have the capacity to come up with their own solutions or run their own family plans, either because they had limited cognitive abilities or simply because the task was too hard. One worker wrote that the problem lay with,

the belief that the client truly is the 'expert' of their situation. Some clients do not possess the insight, intelligence to even see a way out of their situation or if they do it is entirely impractical. While I do see the benefits in C.P. work, this approach strikes me as coming out of university based therapists who have no concept of what some of

our clients are truly like. 'They' base the practice on looking at people thru 'rose coloured glasses'. (336, ITK)

## Practice Factors

The third category of challenges, described by sixty-two respondents, was located within the strengths-based interaction and pertained to the enactment of SBP. The most common challenge in this category, identified by 28 workers, was finding the right balance in the worker-client relationship between being supportive and being directive, intrusive or firm about child protection concerns. It was hard for some workers to maintain a relationship while ensuring that the focus on strengths did not obscure the risks and undermine their ability to address them:

> I think it is a fine balance between strengths-based practice and needing to be clear about addressing the child protection concerns and mitigating risk to the child. At the Intake level we are always assessing risk while also trying to support the family unit. MCFD investigations and FDR assessments can often be very intrusive processes. I believe the challenge is working through the steps of the investigation while continuing to be respectful, professional, and strengths-based. (299, ITK)

Another described this challenge as being about,

> balancing the positive messages and the negative messages. Making sure the issues of concern are being heard and are being given the appropriate weight by everyone. Making sure that recognition of the positives does not "drown out" the concerns, thus leading to confusion on why MCFD is involved if "everything is going so well". Skilful application of strengths-based work - some workers may feel that recognition of strengths is strengths-based, which is not accurate as there needs to be

acknowledgement of what is not going well and an appropriate plan created to

address the concerns. (116, INT)


A second challenge was identifying strengths in families. Situations in which this was particularly difficult included when children appeared to be at high risk, when families experienced multiple problems and when the social worker simply was not in the right frame of mind. As one worker said "there are times and situations where it is difficult to look at the good things within the families. There are times when the situation can seem hopeless and it makes it difficult to move past the negative and into the positive" (208, FS). Twelve workers identified their challenge as keeping the right mental perspective for an approach that was seen as requiring a great deal of effort and patience and was considerably harder to maintain than simply telling the client what to do. One worker wrote "I find that strengths-based practice requires constant effort . . . a constant "presence of mind", in order to be genuine and effective. I believe that clients are able to discern between genuineness in "collaborative spirit", and simple "lip-service" (133, INT). Eight workers identified that SBP was hard to practice in situations of immediate or high risk.


### *Comparing Challenges Identified by the 'Sometimes' and 'Always' Groups*

To explore whether participants who thought SBP had limited applicability perceived similar or different challenges from those who thought it was applicable at all times, I categorised all responses to the question 'What do you find most challenging about SBP?' according to membership of the 'Sometimes' and 'Always' groups. I then counted the frequency of the identified challenges in each group (see Table 12).

**Table 12 Challenges Identified by the 'Sometimes' and 'Always' Groups**

|  | Always ($n$ = 54) Percentage of $n$ | Sometimes ($n$ = 128) Percentage of $n$ |
|---|---|---|
| **Organisational Factors** | **54** | **34** |
| Lack of time | 24 | 22 |
| Lack of resources | 11 | 6 |
| Legislation, tools and policies | 9 | 6 |
| Unsupportive organisational culture | 19 | 7 |
| Unsupportive supervisor | 4 | 3 |
| Unsupportive management | 4 | 2 |
| Other agencies uncooperative | 2 | 2 |
| Lack of effective training | 2 | 1 |
| **Client Factors** | **9** | **21** |
| Clients who are unwilling to engage/acknowledge concerns | 0 | 12 |
| Hostile clients | 0 | 5 |
| Clients with whom it is hard to find strengths | 2 | 2 |
| Clients with substance use issues | 0 | 3 |
| Clients with mental health issues | 0 | 3 |
| Clients with a long history of child welfare involvement | 4 | 2 |
| Clients who lack capacity | 0 | 4 |
| Clients do not trust SBP | 6 | 1 |
| **Practice Factors** | **20** | **29** |
| Balancing supportive and directive roles in client relationship | 13 | 14 |
| Identifying strengths | 2 | 8 |
| Keeping the right attitude | 0 | 6 |
| Being strengths-based in high risk situations | 0 | 5 |
| SBP requires a high degree of skill | 2 | 2 |
| Not being phony | 0 | 2 |
| Managing conflict | 2 | 0 |
| Not ignoring structural barriers | 2 | 0 |
| Doing SBP with non-English speakers | 0 | 1 |

To look at this another way, I coded each member of the 'Always' and 'Sometimes' groups according to whether they identified the locus of challenges as being with the organisation, with clients or with the practice of SBP. Twelve workers identified challenges as emanating from more than one of these locations and they were allocated to a fourth group labelled 'combined'.

The locus of challenges identified by the 'Sometimes' and 'Always' groups are summarised in Table 13. A chi square test showed that differences between these four groups were not statistically significant.

**Table 13 The Locus of Challenges**

|  |  | Organisation | Client | Practice | Combined |
|---|---|---|---|---|---|
| Always | Frequency | 29 | 5 | 11 | 2 |
| $n = 54$ | Percentage | 54 | 9 | 20 | 4 |
| Sometimes | Frequency | 45 | 27 | 33 | 9 |
| $n = 128$ | Percentage | 35 | 21 | 26 | 7 |

## Supports Needed

To elicit what helped workers to do SBP, survey respondents were asked the open-ended question 'What supports do you need in order to do SBP?' Two hundred and four respondents answered the question. I coded and counted responses to this question using the coding and quantitizing techniques described in Chapter Three. Participant suggestions are summarised in Table 14.

**Table 14 Supports Needed to do SBP ($n = 204$)**

| Supports Needed | Percentage of $n$ |
|---|---|
| More time | 36 |
| More resources for families | 27 |
| More support from supervisor | 20 |
| More training | 20 |
| More support from management | 16 |
| Changes to tools and policies | 12 |
| More supportive organisational culture | 6 |
| More collaboration with community partners | 5 |
| More support from team | 4 |

Unique responses: support from own family members; support from the client; a high degree of maturity

The most common support needed to do SBP was more time. This was identified by 73 workers, 44 of whom said that more time could be created through smaller caseloads and more staff:

> More staff... and this is a political issue! I've heard that other provinces in Canada have addressed caseload issues in their statutes, i.e. that if caseloads go above 25, government is required to create more delegated positions. I think this is a HUGE issue for the client group I work with... The (named) team... has caseloads in the 60's - how can they POSSIBLY do preventative work with clients? With caseloads that high, ALL they can do is respond to immediate risk and emergencies. (189, INT)

Other suggestions included reducing paperwork and ICM requirements and ensuring timely backfill for vacant positions and paying a salary comparable to other provinces. The time was needed to support families because, as one worker put it, "relationships and trust aren't built overnight" (132, FS).

Fifty-six workers identified that to do SBP more resources were needed. They called for more flexible and responsive services to support strengths-based plans for families. The most common specific services identified were family support outreach workers, mental health services and support in the form of gas vouchers, bus passes or money for client transportation. Other specific services identified were addiction services, family education programs, parent-teen mediation, resources for men who had been violent, homemakers and doulas. More support from public health and preschool programs and access to legal aid and increased CPP compensation for dependents of deceased and disabled contributors were also discussed. Other suggestions included strengthening supports for out-of-care placements, creating a web of respite services, and providing more long-term support to birth families. Some workers called for access

to budgets to support parent-child activities, to provide honoraria to elders, provide practical supports like food vouchers and generally to finance creative plans that met the unique needs of a family.

Forty-one workers identified the need for more support from their direct supervisor. The most common support identified was for more regular supervision, and that this be "CLINICAL supervision: meaning supervision that is not simply focused on the day to day tasks and documentation but is about doing the work and its impact on both worker and client" (390, INT). Several people emphasised the need for supervisors to be both clinically skilled and committed to the values of SBP. Six workers asked specifically that supervisors better understand SBP and what it requires of the workers. As one said, clinical skills and leadership were needed "to remind me, mentor me and inspire me to stay on the positive thought process and not get bogged down in negativity" (138, FS). Other workers identified that supervisors needed to be creative, flexible and level-headed. They also needed to have child protection experience "as there are massive gaps in understanding when they come from other fields" (327, INT).

Separate from support from their direct supervisor, 33 workers identified that they needed more support from management. About half of this group asked simply that managers show greater understanding of, and commitment to, SBP. Others asked for more practical supports from management. Their suggestions included managers being more open to creative planning, supporting workers to take on risk, giving constructive feedback and giving timely approvals. Workers talked of the need for a clearer commitment to SBP at all levels of management, from the senior executive level down:

> I would love for all upper management (which I identify as anyone having a direct
> supervisory role in child protection over and above team leaders) to be aware of

strength based practice and to learn to trust the workers - unless the worker has

proven their judgement cannot be trusted. (100, INT)


Thirteen workers talked more generally about the need for a shift in the organisational

culture to support SBP.  There needed to be a clearer and more comprehensive buy-in to the

approach, from senior management to the frontline. Workers described needing a non-blaming

climate of encouragement and acknowledgement, including strengths-based performance

management. Eight workers identified the importance of team support for SBP and seven

workers identified the need for a greater sense of teamwork and communication with community

partners.

Forty-one workers talked about the need for more training to support SBP. The most

common requirement for this training was that it should be ongoing, and practical, with an

emphasis on skill-building and managing 'real life' situations. Such situations included telling

clients about child protection concerns, identifying strengths and managing clients who were not

engaging with the approach. To help workers deal with SBP within the child protection context,

they needed "more training in 'real' social work i.e. how can protection really use it while still

being faced with a deficit based model, where faults are pointed out, and we still have the power

to remove someone's children?" (142, INT).

Twenty-five workers identified the need for changes to MCFD tools, policies or supports

provided to workers. There were calls for more Collaborative Practice Meeting facilitators, a

more user-friendly system than ICM, practical supports like a working cell phone, laptop and

car, administrative assistance with paperwork and clinical consults with psychologists or

psychiatrists. There were also calls for the amendment of legislation, child protection policies and risk management tools to better support SBP.

*Comparing Supports Identified by the 'Sometimes' and 'Always' Groups*

When responses to the question about supports were separated according to whether respondents thought SBP was a practice that was always applicable or only sometimes applicable, more time and resources for clients were the most common supports identified by both groups (see Table 15). A visual comparison of the proportion of each group identifying each response, showed that the largest difference between the groups was the greater percentage of workers in the Always group who identified the need for more supervisory support.

**Table 15 Needed Supports Identified by the 'Sometimes' and 'Always' Groups**

| Supports Needed | 'Always' ($n = 54$) | | 'Sometimes' ($n = 128$) | |
|---|---|---|---|---|
| | Frequency | Percentage of $n$ | Frequency | Percentage of $n$ |
| More time | 16 | 30 | 41 | 32 |
| More resources | 16 | 30 | 30 | 23 |
| More training | 6 | 11 | 25 | 20 |
| More support from supervisor | 16 | 30 | 20 | 16 |
| More support from management | 10 | 19 | 17 | 13 |
| Changes to tools and policies | 5 | 9 | 14 | 11 |
| More supportive organisational culture | 3 | 6 | 9 | 7 |
| More collaboration with community partners | 4 | 7 | 3 | 2 |
| More support from team | 3 | 6 | 3 | 2 |

# CHAPTER 6 : INTERVIEW FINDINGS

While the survey elicited information about broad patterns in the way workers applied the ideas of SBP, it could not provide deeper insights into how workers made sense of those ideas. It was these insights I sought from 24 child protection workers over the course of 26 interviews. In semi-structured interviews I asked workers to describe their understandings of SBP, when and how they used it in child protection, and the reasons and supports for, consequences of, and barriers to, such use. I analysed the interview data using the interpretive description coding and quantitizing approaches described in Chapter Three.

This process resulted in two sets of findings. The first was related to the ways in which workers defined SBP. I identified five discrete definitions of SBP. Workers holding the different definitions talked about particular challenges and support needs, which seemed to be directly related to the ways in which they were defining the approach. In the first section of this chapter I describe these different definitions and the challenges and support needs that accompanied them. I also outline changes in workers' definitions of SBP and how workers described practice that they did not see as falling within their definition of SBP. In the second part of this chapter I describe two implementation issues that appeared to be relevant for workers no matter how they defined SBP. These were management support and fear.

## Different Definitions of SBP

One of the most striking aspects of the interview data was the lack of a common definition of SBP. The confusion about how to define SBP was raised spontaneously and was perceived to be a significant problem. This was particularly the case when team leaders or managers held a different definition from the worker:

I mean when we're trained in strengths-based practice, the information coming from the trainers, from one trainer to the other is different about what that looks like and then what's supported in application within the offices from supervisory level management adjusts and changes what strengths-based practice looks like... And then I've heard people, even trainers criticise: well you shouldn't tell them, you know, that negative stuff that the Ministry thinks or feels is going on with the family, you shouldn't, you know, because that's not strengths-based. So it's so the definition of strengths-based practice I don't think is standard across the Ministry and what that looks like in application. And so then social workers are confused and so then they're kind of doing, you know, people are doing what they personally are defining it to be. (254, INT)

One consequence of having so many different definitions of SBP was difficulty isolating and addressing complexities in the application of the approach. The lack of a shared understanding was perceived to keep discussion of SBP at a very abstract level:

Well actually I think maybe, maybe part of the problem on a Ministry wide level is strengths-based has just become a buzz word and it's kind of vague and I don't think people, like everyone's going to define it their own way . . . so it's hard to really say: is it working? And then: how do we get better at it because that's going to look different for everybody so I guess it's tough for me to say is it, the approach itself doesn't just simply doesn't work, or is it just we're not doing it the right way 'cos there's no right way of strengths-based practice so I don't know it's sort of a conundrum. (203, FS)

The confusion over definitions was clear in some interviews, as workers shifted between definitions and expressed uncertainty about whether what they were discussing was in fact SBP. Some talked about being in a process of redefining SBP to better fit the conditions of their work. However all interviewees clearly described a primary commitment to a particular definition of SBP. These definitions fell into five groups, representing five very different ways of understanding SBP (See Figure 2).
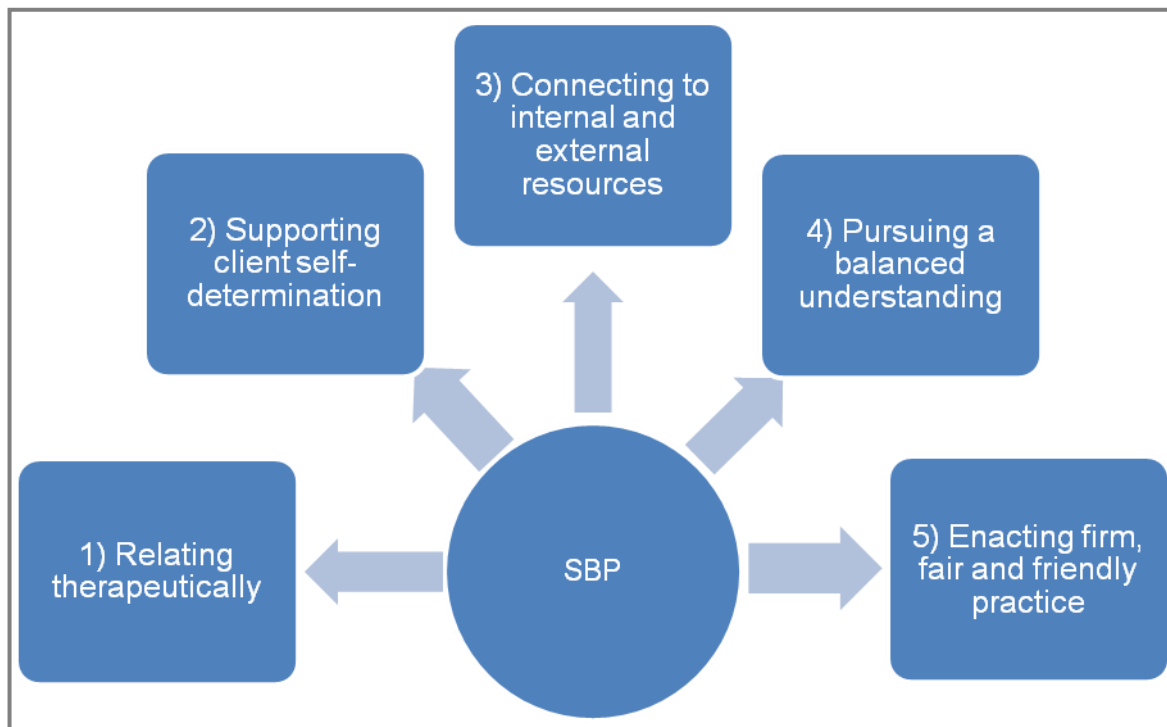


**Figure 2 Five Definitions of SBP**

In the following section I explain the central features of these five conceptions of SBP, and the supports and barriers to their use.

**Group 1. Relating Therapeutically (N=3)**

This group defined SBP as being "all about the relationship" (266, FS) between worker and client. The relationship enabled internal changes in the client, which in turn drove broader system change. The worker identified and acknowledged client strengths in order to increase their sense of agency and motivation to parent well. Identifying strengths for clients and actively complimenting them on what they were doing well provided encouragement and inspired hope. It often reconnected clients to their innate resilience and enabled them to access strengths of which they otherwise might be unaware. This went far beyond being nice or showing respect. One worker was careful to define SBP as a theoretically grounded approach, and for all three interviewees there was a clear purpose to the strategies of identifying and complimenting strengths. The worker-client relationship was therapeutic in that it was intended to be transformative and could lead to moments of catharsis and new understanding:

> I'm hearing things like 'well no one's ever described it like that before', sometimes they're, well a lot of times there's tears and I don't base my practice on making people cry but sometimes it's that light bulb moment where they're going 'Ok I am capable despite my dad, my mum, my great uncle, my whoever said that I was a loser and they get and start to grasp that they can parent. (73, INT)

> Identifying strengths was the foundation of the worker-client relationship. This relationship was characterised by a great deal of empathy, respect and trust.

> I want to root for the parents 'cos I get to know them and I get to know their history and I get to understand why they are where they are, and I have great empathy and

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compassion for that and understanding and I want to like build them up and be like

'We can get through this'. (266, FS)

The empathetic connection enabled the worker to gain a deeper and more comprehensive view of the challenges and potential solutions. It also helped to 'open up' the client to new perspectives, including to recognising concerns about their parenting. Clients were more likely to hear the worker if they cared about what she said, and acknowledging strengths enabled clients to also acknowledge areas of concern. As one worker said, "I really think it's about the relationship. If they care about what their social worker thinks and they care about the relationship then they're going to make that connection and that effort" (266, FS). This mattered because it was the social worker who had primary responsibility for gently guiding the client towards safer parenting. All three interviewees described taking on a teaching role. One talked of "sharing wisdom" and "showing them what a good parent is" (73, INT). Another described,

identifying the individual's strengths and that within the family unit. So, say for example this is a parent who has used drugs in the past, or substance misuse but had recovered from it, showing them and explaining to them or talking to them about how it worked for them the first time around and how we can maybe assist and support them further in that. (60, FS)

SBP was intended to activate client capacity, insight and motivation, which in turn could be used to mitigate risk. If it did not elicit internal change, then it was powerless to address the child protection issues. For this reason SBP was only appropriate with clients who were willing to engage with the approach. One worker described referring clients who could not engage with him to community therapeutic services. The intent was that they develop sufficient insight into

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their difficulties that they might be ready to engage in a strengths-based relationship with the worker.

SBP was suspended when it was necessary to be directive and use authority with clients. It needed to be used strategically within the broader context of explaining and addressing risk:

It may be that I can use strengths-based in other areas, it may be that I can be strengths-based six months down the road, but through that initial period when the needs of the children are, and the safety of the child are, and the health of the child are, in jeopardy we kind of have to draw a hard and fast line as to what is acceptable and what is not. (73, INT)

## Challenges

Workers with a 'Relating Therapeutically' definition of SBP described three challenges in practising in this way (see Figure 3).
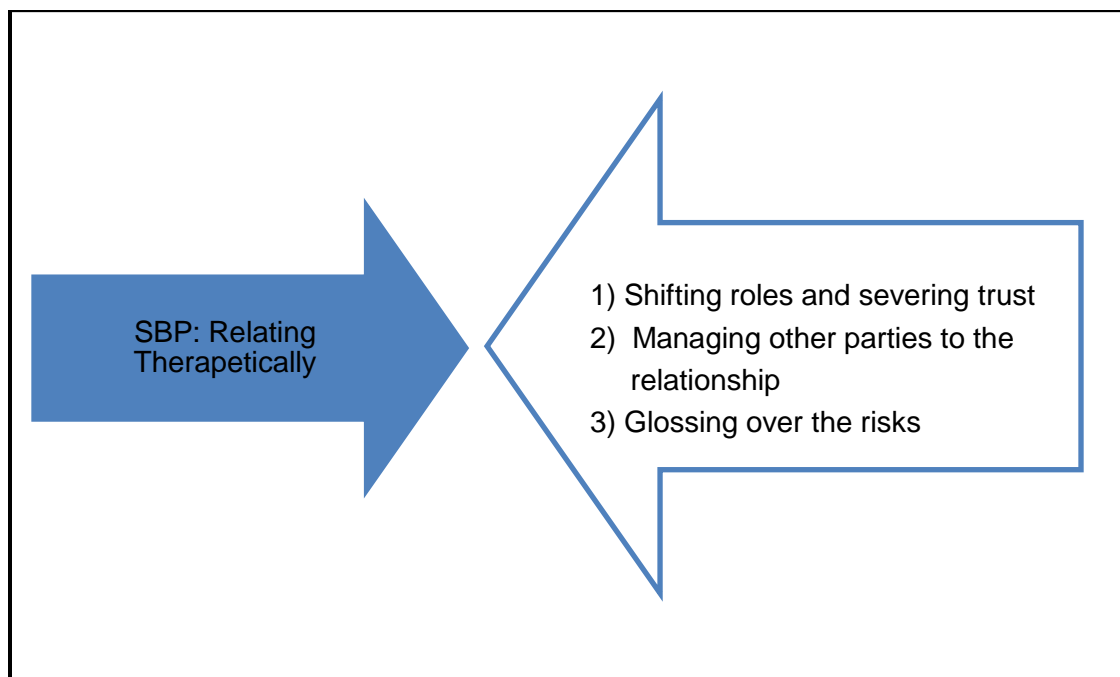


**Figure 3 Challenges to 'Relating Therapeutically' SBP**

SBP: Relating Therapetically

1) Shifting roles and severing trust
2) Managing other parties to the relationship
3) Glossing over the risks

### 1) Shifting Roles and Severing Trust

While SBP was seen as effective in creating relationships with clients, all workers in this group described how these relationships were easily sabotaged if case planning changed and the worker took action that was against the wishes of the parent. A relationship that might have initially been perceived by the client as voluntary and supportive could quickly become involuntary. Taking such intrusive action indicated the failure or limit of strengths-based practice and had the potential for devastating consequences for the client and the worker as trust was broken. All workers described this abrupt change in the client relationship, which led to disconnection, confusion and distrust:

> I see this with other workers around me that do let it, kinda let that guard down really develop a good strong relationship with those clients; only to have to turn around and take a very authoritative stance at some point. Completely sabotages that relationship then all you see is this hostility, defence and it doesn't go away. So you could hold these files for 10 years and because you developed a really strong relationship with them for the first three years and then all of a sudden had to remove their kids: they will never trust you again. And that trust is permanently severed. (60, FS)

All workers in this group talked about being very honest with the client about child protection concerns and their role, but nevertheless said that SBP could easily become deceptive. It was described as leading to "false encouragement" (73, INT), with clients being offered "fake choices" (266, FS):

> I was giving a false impression with the family that 'Oh you're doing this so well, you're doing this so well, you're doing this so well; ok now I have to take your kids'.

That would make it hard for a family to deal with me when they're like 'Why are you

taking them you just said I was doing this really well, and this really well and this

really well; how come now the end result is you're taking my kids?' So because

they're then left with confusion and anger at me and he's a dishonest social worker.

(73, INT)

For one worker the risk of misleading clients and subjecting them to sudden relational shifts was

greatest when using SBP in accordance with the Family Development Response policy:

Where I have a hard time with it is in some of the FDR slash investigation stuff where

you go out to a family and you're like - here's how we do things like FDR, we're

gonna do them like with your cooperation and your involvement and your permission;

so that alone is a good thing. But the second they say 'No' we're doing it anyway

without your permission and now we're gonna be more intrusive and that's where I

don't see there's, why are we coming to them saying 'It's with your permission and

with your cooperation, we're gonna work together on this'. When really it isn't, we're

gonna do that as long as you're willing to do that but the second you're not we're

gonna do it anyway and that I don't like, I find that kind of deceiving 'cos we're not

really. It's surface and I think clients know that too. (266, FS)


All three workers talked about some clients being left feeling confused by

SBP. One worker described feeling as if she was on a teeter-totter as she tried to

navigate a focus on strengths and her mandated authority with clients. She described

neither she nor her clients having a sense of confidence in a "slap and tickle"

relationship that could change from being one of support at any time:

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I feel awful because at the same time it's just like how can we use a strengths-based approach without bringing them down at the same time? It's very, very hard, I find it really difficult to balance that because I can have a wonderful, and I would say maybe a strengths-based perspective when I do work with one particular client one day, and then the next day I have to be the exact opposite. So it's really hard, and I feel like they even question like 'Oh my God is she, is this gonna be a good day of hers or is this gonna be a bad day? Is she gonna come in and say something nice about me or is she gonna come and come in and saying y'know all these bad things? (60, FS).

### 2) Managing Other Parties to the Relationship

One reason for the uncertainty about the relationship was the presence of other parties and interests. This was not a relationship which worker and client were free to contract on their own terms. Two workers described risk-averse decisions of their team leader or manager undermining relationships with clients. This decision-making was attributed partly to the team leaders' need to balance competing interests including organisational liability and a mandate that did not fit with SBP:

Supervisors are in a position to not use it as much because they are the ones that have to make the final call, they're the ones that are ultimately responsible if something happens to a kid and they're the ones that are most likely, in my experience just to minimise what is going well and focus on what's not going and that's not a personality it's just that's the job description that they're in. (266, FS)

One worker also attributed the unwillingness of management to support strengths-based plans to the distance between management and clients. While she was able to make decisions based on the intuitive and nuanced understanding of a family gained through her close relationship with them, managers did not share this understanding. This left her in the position of needing to implement management directions with which she disagreed and which undermined the relationship she had established and the plan that she and the client believed to be adequate:

> So whatever information is being given to me from higher ups is literally information
> that I'm regurgitating to the families. I don't agree with it but I also feel that I don't
> have a choice . . . I tell that to them as though this is something that I'm identifying
> for myself. I see this level of risk therefore we need to go to court and do this and this
> and this and just make sure that you are following through. So it's just kinda like this
> vicious cycle because there comes a point where family members begin to trust you,
> clients begin to trust you; but that completely get sabotaged when you're coming in
> making decisions that are not based on your own experiences of the family and
> perhaps using a different alternative route but having to go in and pretend that what
> you're saying is really, truly how you feel about the family. (60, FS)

Another worker had learnt to talk to clients about the possibility of decisions going against them:

> I try to be really, really honest with them and say, 'These are the concerns, this is
> why we're here, I have to go back and talk about this to my supervisor and I don't
> know what's gonna come of it necessarily, I'm not a hundred percent sure but this is
> what it looks like could happen to me. And I try to give them, as much of, I don't

want to say warning but I just try to let them, it's not about a warning but it's about:

this is my job. (266, FS)

Another party to the relationship was the child. Understanding and empathy for the parents was not always enough when children did not have the time to wait for internal change. This meant that workers sometimes had to draw the hard and fast line that signalled the end of SBP.

It's not like counselling or psychology or another job that doesn't have the same

mandate where you can spend as much time as you want with somebody, you can

keep meeting up with them every week for years and you can make changes and

movement but we don't have that time, a lot of the time we don't have that kind of

time. (266, FS)

### 3) Glossing Over the Risks

All three workers talked about the difficulties of adequately addressing risk using SBP. They all talked about some clients having difficulty understanding the dual focus on strengths and risks:

Sometimes parents have a really hard time in understanding their strengths and their

weaknesses and when I show up and I'm talking about their strengths, they're

thinking that it's well: He's found three strengths but only one weakness so obviously

three strengths is better than one weakness and that's not the case. (73, INT)

Clients, and sometimes the workers themselves, struggled to connect talking about strengths with resolving the child protection problems. If clients did not understand and acknowledge the existence of a cause for concern then SBP would not help. One worker described this as being a

particular problem with clients who were unable to understand the need for change due to their

own unresolved trauma, addictions and untreated mental illness:

> There's a physical block in their thinking that strengths-based isn't strong enough to
>
> break down, you almost need a hammer of some sort to beat through it with, the block
>
> to show them what the problem is before they understand why they need to move and
>
> I think if we're coming at it from strengths-based sometimes or some parents perceive
>
> you describe the problem differently so then it's not necessarily a problem anymore.
>
> (INT, 73)

Efforts to "meet the client where the client is at" (60, FS) in a nonjudgmental helping

relationship exacerbated this problem. It could lead to risks being sugar-coated or softened so

much that the client lost any sense of the seriousness of concerns and any motivation to change.

A client might feel perfectly safe to call the worker to discuss their ongoing drug use, but when

the worker offered a supportive relationship and a safety plan that effectively removed

consequences for that use, she was left feeling as if she was merely enabling bad parenting. SBP

became a way for clients to avoid change, leading to an increase in risk.

**Supports**

This appeared to be the most difficult definition to make work in child protection. Interviewees

talked mainly about their challenges with this approach and very little about what supported

them to continue with it. The two primary supports are shown in Figure 4 and discussed in the

following section.
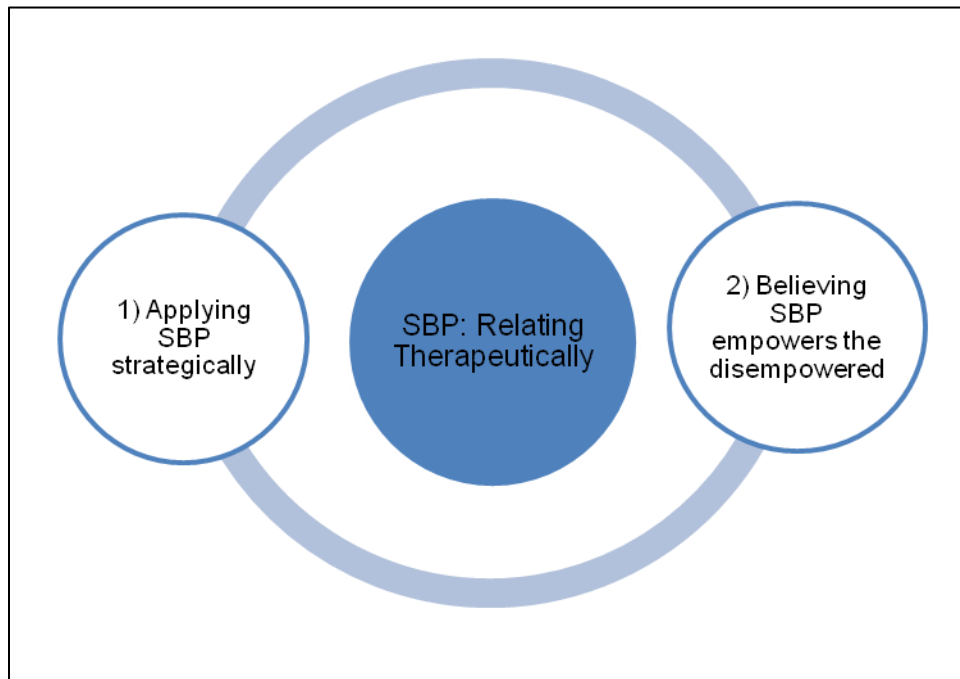
**Figure 4 Supports for 'Relating Therapeutically' SBP**

### 1) Applying SBP Strategically

For workers holding this definition of SBP the main strategy to support its use was, paradoxically, to use it less. One worker talked about learning to wait until he had a fuller picture of the client's situation before he started "cheerleading" (73). He saw this as waiting to use his SBP until he had clear view of the family issues. Another spoke of becoming clearer that only parts of the SBP she learned in school could be used in child protection work and that its use needed to be balanced against the need to be honest and directive in dealing with the child protection issues. She called for MCFD to acknowledge that SBP had this more limited application:

> I don't think they need to pretend to be strengths-based because that's the reality of
> the work, right? You have to keep kids safe and you can get work done through using

some of those methods, using the approach but at the end of the day kids need to be

safe so I don't think that the Ministry needs to say 'Now we're gonna be strengths-

based' 'cos we're not, but we're adding in some things that make room for pointing

out what's going well and it just needs to be left at that. (266, FS)

The third avoided client engagement when she felt she was not in the right emotional state to do

SBP. She had also learnt to create more emotional distance with her clients. She saw this as a

'watering down' of SBP. It interfered with the strengths-based relationship, inhibiting a truly

empathetic and empowering connection. However it also protected her against the sense of

betrayal caused by sudden shifts in her ability to do SBP and so it enabled her to continue using

the approach:

I feel like I have to be more guarded with families. I feel like I almost have to make

them see that at the end of the day that I do have this authority and that this could

happen at any point in time. It's unfortunate because it's almost like there is a guard

up between you and your client, that barrier that you can't fully let go of...I actually

don't like to create, or give the client a sense that they do have all the power in the

situation, which is so unfortunate because I feel like it goes against the whole grain of

the strengths-based approach. (60, FS)


## 2) Believing SBP Empowers the Disempowered

All three workers had a belief that clients enter the interaction at least to some extent feeling

powerless, guilty, or incompetent. This might be due to their socio-economic status, their

difficulties parenting or to the fact that they were involved with child protection services. This

belief supported worker efforts to create a relationship that "makes them feel like they're not

totally sucking at everything in life" (266). All workers in this group believed that SBP helped

them to empower clients and this encouraged them to keep using it. They described strengths-

based relationships as having the potential to bring about profound change. When it worked, it

made all aspects of the work easier:

> You can see it in the client when they're like: 'Oh ok there is something I'm doing
>
> well.' 'Cos they know they're sitting with a social worker, that they're somewhat
>
> failing in a sense, that's how they feel, like: I'm not a good parent. And I've had
>
> people say that to me and I'm like 'Well no, it's not that you're not a good parent,
>
> there's a lot of things you've done really well. . . . With the client/social worker
>
> relationship I find it useful a whole lot. (266, FS)

## Group 2. Supporting Client Self-Determination (N=7)

For this group SBP meant supporting clients to be as self-determining as possible in plans to

keep their children safe. This involved a set of strategies and an attitude of support and

empowerment towards the client. Once the worker had clearly identified the child protection

concerns, she supported the client to give his perspective, make choices about next steps, and

create plans to mitigate the concerns. The attitude of support and search for strengths was a

counterbalance to risks which, in the interviews, were generally taken for granted. The key

questions for clients were "what do you need to resolve this issue and how can I help you with

that?" The worker also helped clients to connect to services that met their unique needs.

For all in this group, the goal was that the worker play a limited and supporting role. The

idea of minimal intrusion was important. This extended to keeping children out of care and

keeping decisions within the remit of the family. Workers would "try as often as we can to not drive the bus...just kind of sit alongside the client, provide some direction, but the ideal situation is if they're the ones who are kind of in control" (72, INT). Another worker said,

> I think I give people the benefit of the doubt now. Y'know what I mean, I back off, I don't try to, you know, and I tell them it's really their responsibility, it's their children, they've got to get their act together, I can support them. They're going to go hundred per cent I'll go to bat for them. That's what I do. And I spend time listening and I don't take sides. (89, INT)

Respect was the fundamental building block of this strengths-based relationship. Other important elements were listening to the client and their network, being non-judgmental and, to the greatest extent possible supporting their plans and perspectives. Workers sought to form collaborative alliances in which clients participated in setting goals and strategies to meet them. This was achieved by eliciting and using information about client strengths, often with the help of techniques like exceptions and scaling questions, collaborative planning meetings and Strengths and Needs Assessments. Identifying and acknowledging strengths had two purposes. One was to support the development of a positive worker-client relationship. The second was to use client strengths and resources in plans.

The focus of the intervention varied across the group. Some workers talked primarily of work with the parent, whereas others emphasised working with extended family and community networks to negotiate and resource plans.

**Challenges**

Workers with this 'Supporting Client Self-Determination' definition of SBP identified four

particular challenges (see Figure 5). I discuss these challenges in the following section.
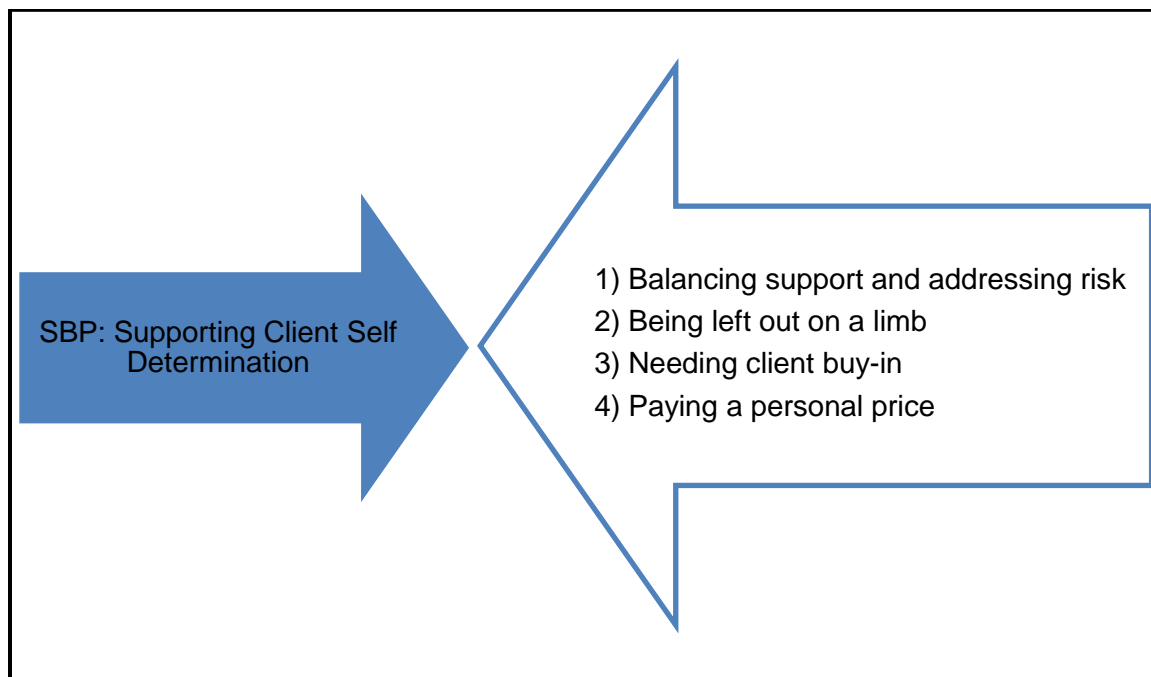


**Figure 5 Challenges to 'Supporting Client Self-Determination' SBP**

*1) Balancing Support and Addressing Risk*

All workers in this group identified challenges with balancing the strengths-based role of

providing support for client self-determination with addressing and managing risk. Workers

struggled with how to support parents to determine their own path when this might conflict with

the interests of the child or obscure the risks:

> While you're trying to have these conversations with them if in the course you find
>
> something happens and you have to step in and be like 'Listen that plan's not working

and I'm gonna have to bring them into care or they're gonna have to go somewhere else.' It's a hard balance 'cos then they are like 'The whole point of this was so that that wouldn't happen.' Right? so it's hard to find that balance sometimes of where one is on top of the other. (323, INT)

It was hard to satisfactorily integrate supportive and protective responsibilities, particularly in light of tools and legislation that appeared to be 'deficit-based' and encouraged workers to identify and remediate problems.

Two workers described situations in which their attempts to be supportive left the parent confused and unable to grasp the magnitude of the risks to their child. This problem was exacerbated by worker attempts to use what they perceived to be supportive language:

Maybe it's my perception of what strengths-based is that we have to use language and talk about strengths but not, I find it hard to balance that and again I think it's just my perception, I feel like, ok I can't just come right out and say what we're worried about. Because I have to think of a way to frame it in a positive way. And I find that in my interactions I'm constantly thinking about: how do I not use the word 'not'? how do I use a different word for 'hit' or something right ? so I'm always just trying to think about how I can reframe it. And then by the end of the meeting I'll be like: did I really say what I needed to say? Was I being too vague? Again was I trying to sugar-coat it too much? To make it more palatable for the clients. And, and then does the seriousness of everything get lost in that? (203, FS)

*2) Being Left Out on a Limb*

Four workers talked of the drive to support family plans and keep children out of care as feeling inherently risky.  They felt management did not support them in carrying this risk and they were unable to provide sufficient resources for family-driven plans to make them safe. This resulted in a great deal of anxiety about some family plans:

> I think the biggest thing is to have, 'cos well by working with the family and keeping
> the kids in there often we have to tolerate an elevated risk level and the challenge to
> get management to support front line in developing balance of balancing risk and
> behaviour and age of children and trying to get to feel that you're not out on a limb
> and that you have the backing of your local team leader and local regional director
> and community service manager regarding some complex cases. (187, INT)

One worker felt particularly burdened as she believed that the only way she could practise SBP in all situations was to avoid consulting up the line. She described this as protecting her from being undermined by risk-averse management decisions, but it also left her unsupported:

> There's one particular case right now where I'm kind of freaking out a little bit about
> it, I think 'Holy shit I hope I did the right thing' I think I did the right thing. I was told
> to do something different and I didn't .. and I'm kinda hoping the kid ...yeah there are,
> so rare, it's really like maybe once a year, once a year maybe in a file I go: 'Ooh I
> hope that's ok.' It's really rare that I second guess my decision, 'cos I've taken some
> big risks and once in a while the risks are maybe a bit bigger than I would have
> bargained for. (72, INT)

### *3) Needing Client Buy-In*

All but one worker in this group identified clients with whom it was inappropriate or impossible to do SBP. These were clients who were perceived to be either unwilling or unable to participate in a collaborative relationship. This definition of SBP relied on some measure of consensus regarding the presence of concerns. It was not possible to collaboratively build a plan to mitigate concerns if those concerns were not in any way acknowledged.

The one worker in this group who felt that SBP was always possible said that while she was always willing to rely on SBP strategies, there were times when she had been prevented from doing so by managers or by the lack of resources and supports. Indeed this worker left MCFD during the study because she felt unable to practice SBP in the way she wished. Her practice of SBP appeared least modified by the context of child protection. It appeared that management on occasions took on the role for this worker of setting limits on the application of SBP that others had taken on themselves.

Two other workers felt that while the complete SBP approach was not applicable to all clients and situations, elements of it were always possible. It was always possible to take a position of respect and to listen to client feedback, or to believe that the client had strengths. However with some clients it was not possible to find those strengths or to support their self-determination, and the point at which the worker needed to be directive was the point at which SBP stopped.

Clients who did not 'buy-in' to SBP included those who denied responsibility for concerns (for example some perpetrators of family violence), those who lied to the social worker, and those who avoided contact altogether. There was little basis for developing a plan to mitigate concerns when clients did not acknowledge them or when the worker could not trust they were

truthful about their strengths. Three workers talked about clients not wanting to hear about their strengths or engage in SBP in moments of high stress like removals.

Some workers also discussed clients whose capacity was limited due to mental illness, addictions, developmental issues or longstanding unresolved problems. With these clients it could be hard to find the strengths on which to build. Two talked about the difficulty of creating a collaborative relationship with clients with Borderline Personality Disorder. Sometimes clients simply did not have the capacity to develop their own solutions to concerns:

> In child protection, I always struggle with sometimes when you're trying to give the parents that opportunity to come up with their own solutions, they can't or they don't. They don't know how to, they don't really know what resources are available or how, given their circumstances they can achieve the goals that we're kind of expecting them to follow through on. So I find that hard. (203, FS)

## 4) Paying a Personal Price

Everybody in this group talked about the personal costs of doing SBP. They talked of feeling exhausted and at times demoralised. One discussed traumatisation resulting from negative outcomes for clients. It took a toll to have to listen to all sides of a story, to keep placating, to play the role of peacemaker and to provide support to different family members. Five workers talked about particular difficulties with clients who were not making the desired changes:

> Quite honestly there are some where I'm, there's no way I can be strengths-based anymore 'cos I feel like we've tried, and tried, and tried and I can't see a glimmer of hope. So there are those, I'll admit it. (203, FS)

It was difficult to keep hopeful and supportive and to avoid stereotyping, cynicism and

impatience when clients did not seem to be capable of exercising their self-determination:

> I've lost my, lost patience with a family due to, you know, it's the tenth time and here
>
> we go again, and I've said: no we're not having this discussion again, we're done, like
>
> it's my way now, not talking about it. (407, INT)

One talked about the difficulties of wearing a "hard shell" (323, INT). This protected her from

becoming too affected by her clients, but it inhibited her ability to do SBP:

> You're so desensitised you're just treating it like: this client, this client, this client.
>
> When it should be: this family, this family, this family. And because you've become
>
> so desensitized that the approach you're taking when you're meeting with them so it
>
> kinda gets in the way of doing strengths-based practice 'cos you're making
>
> everything uniform: You're type A, you're type B that kinda thing so I don't like it.
>
> (323, INT)

**Supports**

Workers who held a 'Supporting Client Self Determination' definition of SBP identified four

factors that supported their practice (see Figure 6). I discuss these in the following section.
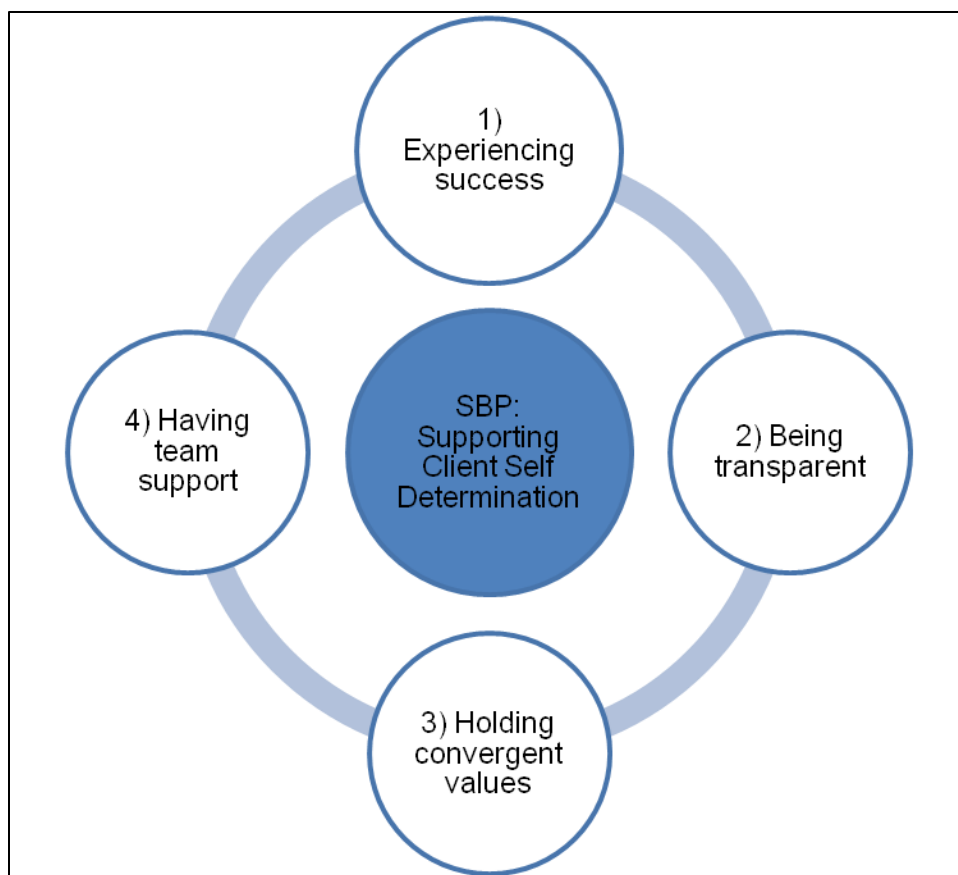
**Figure 6 Supports for 'Supporting Client Self-Determination' SBP**

### 1) Experiencing Success

Every worker in this group identified success with SBP as a powerful motivator to keep using it. Indeed most people in this group identified that learning to make relationships with clients as they did had been a matter of trial and error, with small successes reinforcing their practice. When it worked well, SBP felt good, leading to satisfying worker-client relationships that made even non-strengths-based acts like removal less unpleasant and adversarial. It brought about changes in the clients' situation, which, even when very minor, were experienced as emotionally sustaining. Strengths-based relationships were seen as inherently rewarding, particularly when they continued beyond the time that cases were formally closed:

I get some of my families come back for services when they recognise there's

problems and that to me is a measure that I made a good connection with the family

and that they are trusting of my practice and that they are not fearful of the Ministry

being overly intrusive or abusive, in their perception and that it's a trusted process

and I feel quite good about that dynamic. Being able to generate repeat customers as

opposed to those who run and hide. (187, INT)


## 2) Being Transparent

All workers identified being direct and transparent about concerns and expectations as a strategy

to support the strengths-based relationship. This transparency was discussed in response to

questions about how to make SBP work, rather than as part of the way SBP was defined. Six

workers talked about giving clear information about the child protection process and their role.

This honesty helped to build trust and respect with clients. One worker described making

intentions and goals very transparent with clients who had difficulty focussing - she encouraged

clients to graphically illustrate their intentions, concerns and goals as they worked together.

Three workers also talked about openly acknowledging the differences in perspective between

the client and themselves:

I have to kind of be very careful to think of, about why she is so scared of me and

why she doesn't want me in her home and so then a good way to be strengths-based is

to acknowledge that and say like: I know you don't want me here, I know you think

that when I put in services that they're reporting back to me and that that means that

you might have your kids removed again. (70, FS)

### 3) Holding Convergent Values

All workers also talked about strong values supporting their SBP. For four workers these were deep-seated beliefs in the importance and enduring nature of family connections and the poor parenting job done by the child welfare system:

> I just think the system is not a good system. And as much as possible I like to see children go to family than being in foster care . . . That's my personal belief because I've seen when our children turn eighteen, nineteen they are so damaged, you know, there's, it's so depressing, there is very few success stories and I think if they are with family they might have a better chance. (89, INT)

Three talked about their beliefs that everybody had strengths, including the ability to change. These beliefs were rooted in professional and pre-professional personal experiences.

### 4) Having Team Support

Four workers in this group stressed the importance of team and team leader support for SBP. This provided an important venue for debriefing and generating fresh ideas:

> It's something that the whole team has to be on board with otherwise it's, like I said before if I didn't have the support of my team members then it would be really hard for me sometimes to see, to practice strengths-based. So I think, I guess I'm just trying to say like it's the importance of people doing it around you and your team leader making it a priority, rather than just kind of instructing us to do certain things that are quote un-quote strengths-based. (203, FS)

**Group 3: Connecting to Internal and External Resources (N=6)**

The third definition of SBP was as a set of practices for connecting the client to their internal resources and to external resources in the family and community. SBP involved engaging clients in a trusting, empathetic, therapeutic relationship and also in a safety plan that mobilised the client's external network. This definition was characterised by its dual focus on client and community and combined ideas from the 'Supporting Client Self-Determination' and 'Relating Therapeutically' definitions.

In this version of SBP the worker-client relationship was characterised by trust. This was built over time through the worker's reliable and supportive presence, and strategies of listening and identifying strengths. It required "facetime" (999, INT) with clients. For two workers this meant accompanying clients to community events, appointments and resources. One made herself available to clients around the clock and was clear that more than a few hours of contact per week was needed. Another talked of daily contact. Two workers described what SBP meant by talking about the relationships built through time spent with children on their caseload:

> I take that time with them, I take them out, I buy them donuts, I buy them fries, or a smoothie depending on where we are, what we're doing, I find food is very strengths-based. And it's very cultural for us and sharing food is a really important way of connecting with another human, that's my personal belief and I'm not from any great Italian family or First Nations family where that is traditional in terms of sharing and bonding but I really believe that kids with a smoothie and a plate of fries will open up, better than those that you're having sit in an office. And so I think that's really strengths-based, in just building relationships. It's all about the building relationships. (216, INT)

Listening to clients was a core element of this definition of SBP. As one worker said, SBP was "just a way to communicate with people where you sit down you're open, you're not judgemental, you listen to their part, you support them on it, it's that active listening stuff" (999, INT). Workers talked primarily of listening to the client's definition of challenges, strategies to meet them and feedback about current plans. Two workers said they used Signs of Safety questions to help them elicit and listen to the client's view, and two more described their practice as informed by the Signs of Safety approach:

> When I think of strengths-based practice I think specifically of, you know, sort of like
> the strengths-based questions, like the scaling questions, the miracle question and,
> you know, like the coping questions, those kinds of things but underneath that,
> underpinning that is sort of like the foundation of just like developing an empathetic
> rapport, you know, like through active listening and that kind of stuff. (189, INT)

Like those in the 'Relating Therapeutically' group, workers in this group saw the worker-client relationship as having a therapeutic element. It elicited internal change, enabling clients to open up to new perspectives, develop new skills and become more motivated. Listening was one therapeutic strategy. Another was identifying client strengths or "pumping their tires" (216, INT). In combination, these could empower, give hope and make clients feel good. As one worker said,

> I would talk about how she's doing a great job as a mum, and how she's doing the
> best that she can and that. And then she would get kind of weepy in the conversation
> and it was just like just validating who she is and who she is for her kids and like
> those kinds of things and it just seemed like she didn't really get that on her own,

right?  So for me to say that to her is like she kind of heard it for the first time. (189, INT)

The other purpose of the relationship was to enable the worker to gain the deep nuanced understanding of their clients that would facilitate most effective planning. This was best achieved when clients could talk openly with them about what was needed. All workers in this group said they aimed for a relationship of mutual trust in which the client could be honest and turn to them for support. They described trust being built by being clear with clients about the child protection concerns and the process, including the likely consequences of client actions. As one said "I try to make it so that there's no surprises" (243, FS). In return they wanted the client to honestly disclose their challenges and feelings about possible solutions:

> Ultimately what I want to have with my clients is a client that, even though they think they might get in trouble, they're still going to call me. Like even though they might get in trouble for what they have to tell me, do you know what I mean? That they're still going to be calling me and saying: hey, you know, this is what happened . . . where if you need something you call me and we talk about it and we get you what you need and then, you know, hopefully, eventually, in the end you won't need to call me anymore. (243, FS)

All in this group also talked of making plans which involved connecting clients to resources in the extended family and wider community. Three talked of including family in formal collaborative planning processes. Two discussed building close relationships with community agencies in order to better access them for clients. The idea of keeping the child out

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of care was important to this group. Once the worker had been clear about the concerns she handed over as much power as possible to the client's community to meet the child's needs:

> I think also a lot of the stuff we're doing in strengths-based practice is we're trying to be really as least intrusive as we can with families, like involving families. Like extended family in planning, 'cos we do a lot of Family Group Conferencing now, and the Case Planning Conferences. Even just meeting with families, even trying to do things like having family members have custody of the children so they don't have to come into care. (268, FS)

The worker's role was to "follow their lead and brainstorm a little bit" (189, INT). All in this group described making plans as a collaborative process in which they supported clients to be self-determining as possible and plans were driven by what clients identified as helpful:

> Then you're coming up with the safety plan, or some sort of, like you're planning with the family, so you're revisiting that plan to see where you are, reviewing it and how are things going? And what's going well? What's not working? Do we need to change something? Do we need to keep it the same? Do you need anything else? (156, FS)

While SBP included addressing child protection concerns, it did not accommodate the use of authority against parental wishes. Four workers in this group were explicit that while being very firm, directive or resorting to court action might be necessary, it was the point at which SBP stopped. One expressed considerable ambivalence on this point, being explicit about this at some points in the interview and at others stating that it was possible to take a strengths-

based approach at all times, but it might not *feel* strengths-based. The sixth worker felt that

aspects of SBP were always possible, but joined her colleagues in listing clients for whom, and

situations in which, SBP was ineffective. Her discussion of the lack of motivation for clients

provided by extended court deadlines seemed to reflect a general frustration in this group about

their inability to wield sufficient authority within a strengths-based approach.

**Challenges**

The workers who used this "Connecting to Internal and External Resources' definition of SBP

described five challenges to its enactment (see Figure 7). These challenges are described in the

following section.
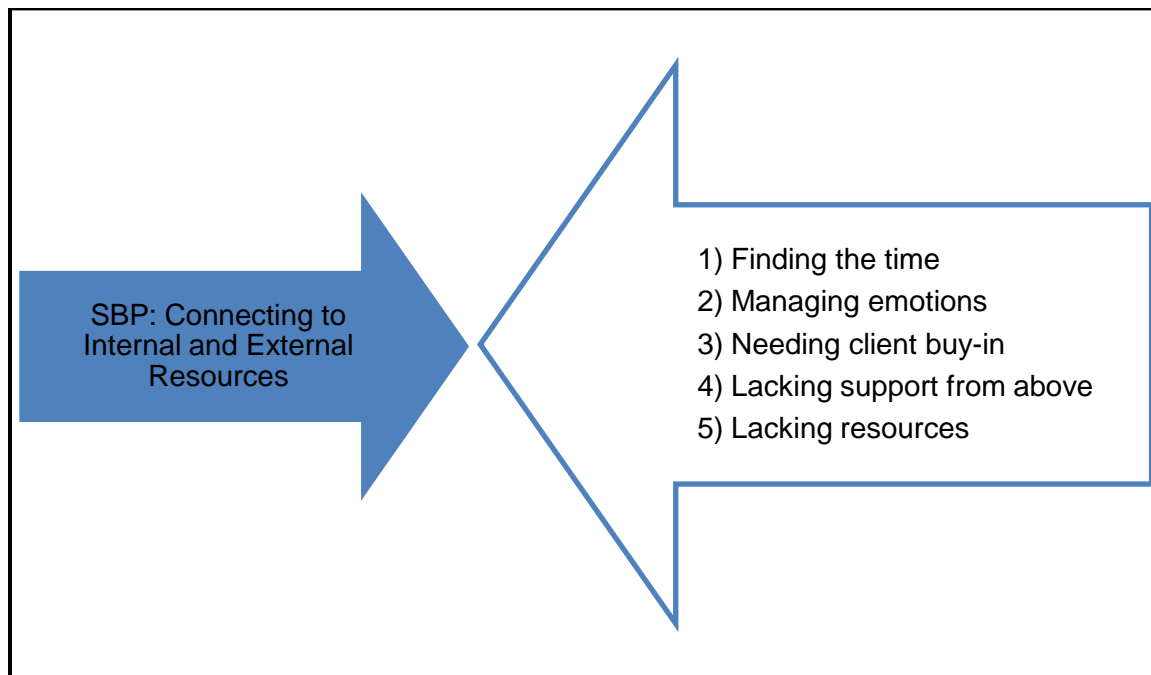


**Figure 7 Challenges to 'Connecting with Internal and External Resources' SBP**

## 1) Finding the Time

All but one member of this group talked about the lack of time for SBP. They faced considerable pressure to just to "get the job done" (216, INT) instead of doing SBP. The focus on administrative work and crisis management with large caseloads left them without sufficient time to develop client and community relationships. One worker described "squeezing it in" (189, INT) to conversations dominated by case management responsibilities. Another talked of colleagues who stayed at the office well into the evening in order to supervise their own access visits and another worker spoke of important support functions needing to be delegated to others due to lack of time. As one said,

> You have to give them the respect and the time to listen and I think that's what makes strengths-based really hard is it takes so much time, right? So to have that time to build that relationship and work with families. And we don't have that time anymore to build those relationships. (999, INT)

## 2) Managing Emotions

All workers talked about the challenges of managing their emotions in ways that supported them to do SBP with all clients. The time and empathy invested in clients led to a relationship in which workers were emotionally engaged. This could be problematic:

> I think 'cos you start getting emotionally attached and you start, I don't know, maybe getting angry or frustrated with the client, with the family . . . after you have someone for a while and they're constantly making complaints, they're constantly, like you just never know what's going to happen when they come in. Are they going to be wanting

to hug you or are they wanting to shoot you? Literally. It gets, it's exhausting. (156,

FS)

It was difficult to keep cheering clients on, to find strengths and to maintain curiosity and a real

connection to the client`s experience. Workers talked of feeling exhausted and frustrated, both by

an unsupportive system and by clients who did not adequately reciprocate:

Empathy and sympathy turns to apathy when you've tried to assist parents in seeing

the changes they need to make, and you have nice and tidy family plans and you've

held ICM[2] after ICM to encourage community members and family to step up to

support the family and at the end of the day the parents aren't willing to do the work.

It's hard to find the strength in that. It's hard for me to say, as a social worker, to a

parent: well you've done your best. Because I don't believe they have. So that's really

frustrating. (216, INT)


It was particularly hard with clients who triggered strong emotional reactions. As one

worker asked of paedophiles, "how do you find the positives of that person's nature when you

just want to slit their throat?" (216, INT). Another worker described how fear of some clients led

her to avoid them and to have difficulty remembering strengths-based questions. Three others

talked of the difficulty of maintaining an empathetic non-judgmental stance with men who were

sexually or physically violent:

Eighty per cent of our files are domestic violence, right? So we deal with men who

can be very violent... and how do I be strengths-based with somebody who, you

know, who's beating up a woman? I've had to sort of come to terms with my feelings

---

[2] Here ICM refers to an Integrated Case Management meeting. This is a meeting of all relevant professionals and family involved in a case.

about, even with sexual abuse for example, I have some sexual abuse files, and it's

like: how do I feel about this man, you know, what he's done to his children? And

then still trying to be strengths-based it's really tough. It's really, really tough, right?

Because I just feel like: Oh my god this is, like he shouldn't be in their life you

know? (268, FS)

At the other extreme, when SBP resulted in feelings of closeness and connection with

clients, it could be hard to manage the emotional fallout of going against client wishes:

I care about them as human beings, but sometimes you'll get, I think just because of

the relationship or the helping relationship you have like sometimes there's a sort of a

fondness that you have for a client like, you know, like you want to take care of them,

like a mum almost, right? And sometimes it's not so good, like I was just talking to

our team leader about one of my files and I said: . . . if we have to get more intrusive I

want you to know I'm having a hard time with this. Because if we have to remove or

something I don't feel good about it, because I care about this person, I don't want

them to get hurt. (268, FS)

It was sometimes easier to shift out of SBP, to become directive or to disengage:

I find really hard to continue that strengths-based practice. It's actually easier for me

in terms of my own self preservation, my own coping within this job, to then turn all

grumpy and say: that's fine if that's what you want to do that's the choice you're

making. And just getting on with what I need to do. So I constantly struggle with that.

(216, INT)

*3) Needing Client Buy-In*

All workers identified clients for whom SBP was either extremely challenging or simply did not work. There was a shared view that SBP was ineffective with clients who lacked the capacity, insight or willingness to engage in a strengths-based relationship. Four workers linked these difficulties to clients with untreated mental illness. Clients who lied, who denied risks or refused to engage with the worker made SBP particularly hard. Two workers described the supportive approach of SBP as being inappropriate with clients who, in moments of crisis, simply wanted to hear what they had to do. As one worker said of a client with impaired communication,

> in cases like that, like that's one example of where it can be, it's really not appropriate
>
> to have a strengths-based conversation cos it's just like: can we even have a
>
> conversation here? Can we even just like schedule a visit with your kids, that kind of
>
> stuff? (189, INT)

*4) Lacking Support From Above*

All but one worker in this group talked about not receiving from their team leader or managers the support that they felt they needed to do SBP. Their case planning was undermined by decisions from above. Four workers spoke of decisions for children to be removed against their wishes while two talked about team leaders not agreeing to removals that the worker thought was necessary. As in the 'Relating Therapeutically' group, one root of this problem was perceived to be that those with the final decision-making authority did not share the worker's deep understanding of the family's situation:

> We work with the families, we have visits with the families, we have relationships
>
> with the families; how often does the team leader or the manager go out and meet

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with the family and get to know them? Never, right? ...there's workers also struggling

with the idea of leaving these children in the home the way things are right now, but

management is saying: no they need to stay there. So, you know, management is

working from the strengths-based perspective of: ok let's keep the kids at home, keep

the relationships, you know, with their parents and all of that stuff, we'll get them

services. And you have the worker who's spent many hours with this family going:

no it's not going to work. (243, FS)

There were also problems with the lack of clinical supervision and the level of supervisor child

protection experience and clinical expertise. Some managers were described as not supporting

SBP, and lacking the commitment to advocacy for client needs that SBP required.


## 5) Lacking Resources

Four workers discussed the challenges to being unable to access the resources they felt clients

needed. Lack of resources prevented them from agreeing to family-generated plans or were

unable to support them sufficiently to manage risks. It created a great deal of frustration. As one

worker said,

the fact that we have no services for our clients, it's super, it's super hard to be

strengths-based with your clients when you remove a child and then you tell a parent:

we're sorry you're on a waiting list for supervised access, and it could be up to a

month, or longer... So I mean it's hard to be strengths-based in the Ministry they've

created but I think you do try your best but you're always saying sorry. (999, INT)

**Supports**

Workers who used this 'Connecting with Internal and External Resources' definition discussed

four factors supporting them to do SBP (see Figure 8). These are discussed in the section below.



**Figure 8 Supports for 'Connecting to Internal and External Resources' SBP**

*1) Caring for Clients*

All six workers in this group talked about liking their clients and linked their ability to do SBP

with a genuine sense of caring for them. Four said this made the approach feel intrinsic, rooted as

it was in their natural inclination to be supportive. Four said that it was the relationships they

made with clients, and the changes they saw as a result, that sustained them in the work:

> A lot of my clients I've really, you like them right? Like they have some issues, but if
>
> you don't like these people you're never going to be able to do strengths-based

practice. If you're not in it because you actually care about people and you believe can change and people have struggles there's no way you can, you know, develop that kind of safe, supportive place for clients to come and get help. (999, INT)

## 2) Learning Through Training

All but one member of this group talked about the value of training. There was a need for ongoing training that helped deal with the complexities of implementing SBP. This meant it had to address very practical issues like how to record in a strengths-based way, using strengths-based tools and keeping appropriate boundaries to support "getting in there, doing your job and getting out" (216, INT). There was a call for training that engaged workers viscerally, as this worker described:

> They had actors coming in, 'cos that was more real for me. Like if I'm doing it with one of my co-workers it's going to be really different, right? And I'd like to have visuals, I remember visual, so I'd like to see videos of how is this done, in a certain situation. Show me examples. I don't just want to read about it in a book, right? 'Cos it's the emotions that you see in strengths-based practice, it just isn't in what you're reading, right? It's how are people, how are you in your body language, how are you in your tone? All of that. (268, FS)

## 3) Setting Clear Boundaries

Five workers described the need for clear boundaries to make SBP possible. These helped to prevent the client from becoming confused by their dual supportive and authoritative role. They drew boundaries by asserting their focus on child safety and by making a distinction that seemed

helpful to the three workers who discussed it, between being friendly and being the client's friend:

> Setting up those boundaries in the beginning, like if you tell me this, I have to respond to it, right? So little reminders now and again about what I do that I'm not their counsellor, I'm not their friend you know what I mean? Like I'm here to help them but reminding them of my role. (156, FS)

### 4) Having Team Leader Support

Five workers talked about the importance of team leader support. It was team leader decisions that enabled workers to protect sufficient time to do SBP and team leaders served an important role in providing reassurance and acknowledgement for worker feelings. Three workers talked about venting their emotions and brainstorming new strategies with team leaders when they felt frustrated by client behaviour.

## Group 4: Pursuing a Balanced Understanding (N=4)

For this group SBP was a set of beliefs about clients, a way of thinking, rather than simply a practice. It was the attitude that all clients had both strengths and challenges and that worker action should be founded on the balanced exploration and deep empathetic understanding of both:

> I see strengths-based practice as an ability to have a certain philosophy about the clients we work with and our own job and place and role with those clients. And then being able to communicate and interact, intervene with them in kind of a planned way

or, you know, with some goals in mind, in a respectful, mindful way. And sort of

processing that and keeping reassuring around their strengths, assessing them around

the strengths and the positive things that you may observe that they've done in their

raising or intervention with their children or other people, and reinforcing that

without losing sight of where there's problems and addressing those, fixing those.

(236, INT)

SBP involved starting from a position of openness and curiosity. The relationship was founded

on this curiosity, which itself was grounded in a belief that clients always had strengths and there

was always another way of seeing things. SBP involved a non-judgmental attitude and "not

taking anything for granted" (115, FDR):

I do try to take a look at the big picture and I often will ask a client: 'are there, are

there pieces that I'm not missing? ... so it's also trying to, it's really trying to get as

thorough of a picture as possible of where the family is coming from and giving the

family, the space of opportunity to say what they want to say without butting in the

conversation, without interrupting them. (116, INT)

Other groups characterised the focus on strengths as a way to offset risks that were

largely taken for granted in their descriptions of the approach. However workers in this group

saw their whole perspective, including their belief that risks may be present, as needing to be

interrogated. One talked about how in his intake work, SBP meant maintaining a position of

openness from the first call onwards:

Even from that perspective when we're sort of asking the questions and I'm sort of keeping, I guess I'm keeping a perspective during even those calls that this may not be what it seems, like things can get, things get misinterpreted all the time. I think I've been in this field long enough to say that sometimes I get something on paper; when I actually go into the home it's something radically different. So sort of just keeping that perspective in mind and sort of asking and not sort of I try not to judge . (86, FDR)

For this group SBP involved a more mindful and systematic commitment to a holistic understanding than that prompted by the standard requirement of all social workers to be open, nonjudgmental and empathetic. Empathy was important; all workers talked of being able to put themselves in the shoes of their clients and of feeling with their clients how hard it was to parent or to be involved in the child welfare system. It was important that workers saw themselves as sharing a common humanity with clients, "not treating your clients like they're just disposable people or cattle, these are real people" (116, INT), and not thinking of clients as "they're the bad guys, we're the good guys" (236, INT). However SBP required them to go beyond this to continually place clients and their challenges in a broader context. A family's challenges were placed in the context of their strengths, their environment and their experiences over time:

You have to be very mindful all the time. You have to, you have to consider things like culture, poverty, mental health, structural barriers, these things that are so important. You can't just say: oh these are our expectations of you, we expect you to fulfil them...I think it's more about giving the family a, understanding them within their environment and being very fair and balanced about how we see them in terms

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of all the possible barriers that they might be facing . . . when parents are kind of

experiencing anxiety or when, it could even be something as simple as they're very

passionate about their children's education and they come off a certain way,

strengths-based approach kind of helps the worker understand why the parent is

behaving that way. (115, FDR)

Workers talked about understanding clients in the context of traumatising childhood experiences, middle class judgments, false reports, changing circumstances or structural barriers:

He grew up in a poor family and they didn't have a vehicle . . . it was a really good

learning curve for me and it also helped to kind of shed my own personal biases that

when I see some guy and he's smelling like alcohol and he's looking kind of y'know

sketchy or whatnot my first impulse is to go to: well where have I seen these kinds of

people before and to come to a snap judgement. And here comes the checks and

balance with their professional experiences, y'know, there are no kinds of people.

(116, INT)

This attempt to understand the contextualised meaning of client behavior was extended to clients who might otherwise be deemed uncooperative. Angry clients were framed as people with rights who were expressing themselves in expected ways, violent men as people with rights and needs and often their own history of victimisation. The possibility that clients might lie or "make things sound prettier at times" (86) was manageable because their input was simply one piece of far more comprehensive assessment, of a bigger picture.

All in this group stressed the importance of the focus on strengths not obscuring attention to risks. The explicit goal was as broad, balanced and fair an understanding as possible that attended to both risks and strengths:

> I think strengths-based response is being more balanced and more all encompassing in how you do you assessment, if anything. So I think if we only think about clients in the negative or we only focus on the deficit then we're not being fair and, you know, we're not being, we're not seeing everything. (115, FDR)

They all spoke from the perspective that it was easier to focus on risks in child protection work and that balance required a concerted commitment to always identify, acknowledge and build on strengths.

Finding strengths was an ongoing process rather than a time-limited activity. As one participant said of clients "they could be, you know, by all accounts bad people or present that way in our involvement with them, I don't think we write them off" (236, INT). This meant even in the most difficult situations it was possible to see clients as people with strengths, and the worker was required to persevere with attempts to engage the client from this perspective:

> A person who does strengths-based practice, a social worker that does strengths-based practice will try different things to elicit results from their clients. It's not a one go at it and then if they don't cooperate they'll kind of write them down in their notes as being uncooperative so I would say that's like a difference. (86, FDR)

This applied even in cases where the only communication was through lawyers or the most that could be done with a family refusing to engage with the worker was documenting positive information about supervised visits. Workers in this group tended to identify challenging clients

as people who had most need for a strengths-based response, rather than people with whom SP could not be done.

Workers described a variety of ways to achieve their ongoing quest for a balanced understanding.  In discussing the strategies and consequences of SBP, one person drew on the ideas of the 'Supporting Client Self-Determination' group, one of the 'Relating Therapeutically' group, and two of the 'Connecting with Internal and External Resources'. One tried to ensure that client strengths were recorded in every report. One talked of listening to the client's perspective, another of complimenting strengths and another of spending time with the client in order to build trust and understanding. One worker accompanied clients to community services in order to build trust and link them to supports, another used collaborative planning meetings and another talked of clients pursuing their own remedies. Focussing on strengths might elicit internal changes in motivation, hopefulness and capacity. It might also support collaborative purposeful work on a plan to address the child protection concerns. However for all members of this group, neither these strategies nor their function in eliciting client change, supporting client self-determination or building a plan figured heavily in the definition of SBP.

This group did not clearly accommodate the use of mandated authority in their definition of SBP. While all were clear that risks must be addressed,  none were explicit that the directive use of power was an element of SBP. Two workers raised the issue of their legally mandated authority in the context of discussing challenges with SBP, one only discussed the issue in response to my questions and one worker did not address it at all beyond their concern with maintaining a balance between a risk and strengths focus. They all framed SBP as a philosophical position that can be maintained with varying levels of success, *in spite of* the

worker being directive. The resulting judgments and directive action appeared to supersede, at least temporarily, the pursuit of a balanced perspective.

## Challenges

Workers who defined SBP as 'Pursuing a Balanced Understanding' talked of three challenges that appeared to be related to the way in which they were defining the approach. These are illustrated in Figure 9 and discussed in the following section.

SBP: Pursuing a Balanced Understanding

1) Balancing support and addressing risk
2) Lacking clinical support
3) Lacking the time
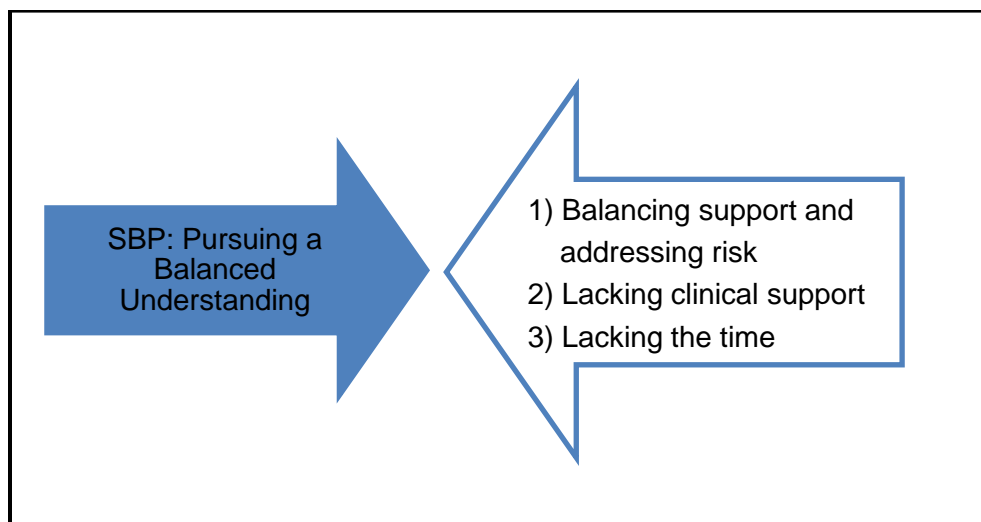
**Figure 9  Challenges to 'Pursuing a Balanced Understanding' SBP**

### *1) Balancing Support and Addressing Risk*

All workers in this group found it challenging to find the right balance in their dual focus on strengths and risks. It was hard to adequately address and manage risks while maintaining the collaborative relationship and focus on strengths:

> What do I struggle with when I do strengths-based practice? . . . weighing the strength verses the risks. I mean ultimately I mean we still have to do our job which is to ensure the safety of the kid so, you know, I think it's always sort of like we want to

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look at strengths but that's not completely disregard the risks as well... So like it's just

balancing that with the risks I think. Talking about the risk and not sort of letting that

slide at the same time, I think that's been, that's sometimes a challenging part. (86,

FDR)

This was particularly problematic in high risk cases when a position of curiosity did not

elicit sufficient strengths to keep a child safe and directive action was needed in place of

understanding. One worker talked of the difficulties of using SBP when clients were not able to

hear the hard messages and suggested that there might be situations in which clients strengths

were too inconsequential to balance the risks and enable her to fulfil her mandate. She was

uncertain where this would leave her ability to do SBP. Another talked about the challenges of

maintaining SBP in situations where clients experienced "overwhelming deficits" (115, FDR). In

describing his discomfort with "hav(ing) to walk a very thin line between being supportive and

strengths-based and having expectations or needing to draw a firm line" (115, FDR), he

expressed an ambivalence common to this group about how to understand and account for the

directive use of authority within a strengths-based approach.

### 2) Lacking Clinical Support

Two workers identified the absence of team leader support as their main challenge:

I think strengths-based practice requires some, probably some clinical supervision

and feedback around your intervention and interaction with clients and with service

agent workers that we are involved with and I don't think we do get any clinical

supervision in that respect I've never gotten it in twenty years... the lack of that

clinical feedback you know, that bit of clinical environment where you have whether

it be, that's created whether it be peers or it be your supervisors or it be mentors or

whatever that say 'Hey, let's stop and take a look at your work, let's give some

feedback, let's help you grow. (236, INT)

They described a lack of high quality clinical supervision and team consultation. They

experienced team leaders as being either insufficiently clinically skilled or stuck in an orientation

that was either risk-averse or risk-taking:

When I'm doing the balanced approach it doesn't work when I've been directed by

my supervisor where their opinion of strengths-based is to be focussing more on the

strengths rather than, and I feel that there hasn't been enough weight assigned to the

risks or vice-versa that's when I'm left feeling extremely uncomfortable because I

don't feel that either my concerns are being heard or that the family's positives are

being heard. So in a way I think it, for me it comes down to whether or not I feel that

there is being a fair representation of the family. (116, INT)

### 3) Lacking the Time

Two workers in this group talked about the lack of time for SBP. Large caseloads and the focus

on administrative tasks left insufficient time to develop the kind of relationships they felt

supported SBP.

I find that strengths-based practice can be very resource intensive, and by resources I

mean it's very much a relationship focus type of practice which requires a lot of time.

Like I think one of the biggest needs of a strengths-based worker is face time with

families so, a smaller case load is ideal.  I mean even in the strengths-based literature,

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as far as I understand it, it's ideal to have a small caseload and more time with

families, less time in things like case-notes and documentation on certain system and

really taking the focus back to where it belongs which is with the needs of our

families and spending time with them. (115, FDR)

**Supports**

Workers with this definition of SBP identified as important the five supports illustrated in Figure

10.



**Figure 10 Supports for 'Pursuing a Balanced Understanding' SBP**

*1) Receiving Skilled Feedback*

This group showed a strong orientation to the feedback and guidance of others. All workers

discussed the importance of skilled objective feedback to help them interrogate their perspective

and to maintain a balanced approach. All identified the central importance of an ongoing process of clinical consultation with their team leader, and there was a general call for greater access to skilled clinical supervision. This was needed to help them to consider alternative perspectives and to check their own judgments:

> I always try to do is discuss the family situation first and foremost with my supervisor or with my team members and having that trust in their opinion as well as in the feedback that I'm getting back. So for me as a social worker, my internal thermometer, I try to keep that balance by relying heavily on my team as well as on my supervisor. And this is where teams, y'know, the team dynamics and the relationships in the workplace become really, really important because it's very hard to do strengths-based social work when you don't have that trust or that relationship with your team and with your supervisor because you might be thinking one thing and there's nobody to provide those checks and balances to you. (116, INT)

There was a recognition that effective supervisors required both clinical skills and knowledge of SBP:

> We'd start with that real clinical supervision. I mean we'd start with training our managers or team leaders to have those skills and to have that whether it be strengths-based practice if that's what we want to call it and that philosophy, those attitudes that allow them to get the growth and skills that are intended to model or supervise or allow them to lower their defences and their need to be a supervisor. Or in charge of the team and be objective, be open ended, accept feedback on their style and allow that to grow. (86, FDR)

Three of the workers in this group described having a team leader who was supportive and with whom they could have helpful case discussions. The one worker who felt this was not accessible to him talked about receiving from likeminded people in his personal life the kind of support and feedback one might expect from a skilled clinical supervisor. Two workers also talked about the importance of team support. They described a sense of safety with their team which allowed them to take a team approach to difficult cases, to accept blunt and honest feedback on their work, and to process feelings that were triggered by the work. One talked about the team using strengths-based language during their discussions and described how discussions with a colleague had led him to a breakthrough in his ability to do SBP.

## 2) Being Open to Learning

The willingness of all workers in this group to receive feedback appeared to be grounded in a more general openness to learning. Three workers were explicit that this openness to learning, a willingness to reflect on and develop their practice, was a core requirement for a good strengths-based practitioner. As one said, to practice SBP,

> I think you would have to be balanced, I think you have to be open to feedback, I
> think you have to be open to acknowledging that you can make errors and I think that
> you have to be personally invested in personal growth. (116, INT)

This openness to learning was partly what drove the worker to continually search for the other pieces in the big picture. SBP both rested on it, and fuelled it as,

> if you persist with your approach, if you persist with being as open minded as
> possible and being as considerate to a family as possible then your end product will
> be knowledge. That's actually been something that carries me through with a lot of

my difficult cases. Being just having that understanding that at the end of the day you

grow, you learn more...I think that in order to do good strengths-based work with

families we need to be in constant learning and training. Every training under the sun

that every worker can attend they should and just really not lose that kind of learning

attitude . . . I think there's something very clinically healthy about questioning what

we do and not being fully comfortable with what we do. I think that's more a positive

sign than someone who's too sure of themselves. Whenever I'm too sure of myself I

always step back and ask myself: wait a minute, what am I forgetting? (115, FDR)

One worker described SBP as requiring that "I put my ego in my pocket" (236, INT), and there

were many stories from this group about times when they had chosen to do this and had learnt

important lessons from their clients. Three workers also showed this characteristic with me

during the interview, as they described themselves as unskilled at SBP or as inarticulate in their

explanations.


### 3) Having a Clear Sense of Purpose

All four workers in this group described a clear sense of the purpose of their job which supported

their ability to do SBP. They were all very clear that their job was child safety and that all their

interaction with clients was oriented to this end. Two workers used the expression "at the end of

the day . . . I've got a job to do" (236, INT/86, FDR). This sense of purpose seemed to help all

members of this group to keep sight of client challenges even while they sought out and

amplified strengths:

In my own mind even though I take a supportive approach I am very clear about our

expectations of the parent. I don't pussyfoot around why we received a protection

report and what the concerns are. I always, of course, keep the safety of the child in

my mind and, and we're always constantly assessing safety. Every word that is said,

every situation that we walk into are always assessing the safety. (115, FDR)


For two of the workers this sense of purpose went beyond child safety to incorporate

deeply held values. One talked about being motivated to always seek a fair and balanced

perspective by her belief in the need to be accountable to clients. This was particularly important

as she practised in a small community where she interacted with clients in her personal as well as

her professional life:

> You need to be accountable to your work and you need to be able to keep your head
>
> up... it's important to be able to take a look at your client and own the work that you
>
> do, rather than just kind of sloughing it off 'Oh well I was told by my supervisor' or
>
> hiding behind any kind of BS excuse like that is actually own the work that you do
>
> and being mindful. (116, INT)

Another talked about his child protection work as an extension of his past work with faith-based

organisations:

> I saw this work almost as . . . a calling you know, a witness to people's lives, you
>
> know, with a mandate to help protect kids right? So I always put aside in the back of
>
> my mind well I'm not here (laughing) for the Ministry, you know I'm not here for the
>
> Institution, I am here as a public servant but despite what sometimes you know, my
>
> lack of respect for our management structure and system, I'm not going to let it
>
> impact my work. (236, INT)

This sense of purpose in their role seemed to serve a common function of helping them persevere with a strengths-based approach:

> I've had difficult clients that have gotten mad, yell but I mean it's never gotten to the point where I can't work with them ever. Like it's never like, I've had to get removed off of a file. It's, you work through it, you kind of accept it, it's part of the course of the job and you just try different ways of getting through to them, that's all it is. I mean I guess maybe I don't, it's not personal right? In a lot of ways I just don't try to take it personally and just kind of keep on going at it, like a project. (86, FDR)

### 4) Believing That All People Have Strengths

Three of the four workers in this group described a strong value that all people have strengths. This supported their persistence in searching for those strengths to fill in a more balanced and holistic understanding of the client's situation. One worker talked about telling clients that he had never met a person without good qualities and one of these qualities for most parents was their love for their children and wish to be a good parent. For all three workers the idea there was hope because all clients had areas of strength and capacity was a core value, one that they did not question. As one said,

> I don't know like why would I even be in this work if I had no hope for anybody? I think strengths-based practice can mean, and maybe that's not the true definition of strengths-based practice, it's just having, finding that area, that route of hope for that family. Doesn't have to be many, it can be one or two it can be, you know, just finding that, whatever that route might be but like if you have no hope in a family at all, I don't know why you're in this field of work. (86, FDR)

The fourth worker did not talk about these values. For him it was faith in the efficacy of SBP that sustained his commitment to the approach.

### 5) Being Transparent About Potential Conflict

This group was the first in which all members talked about moving beyond transparency about the concerns, expectations and steps in their intervention to openly acknowledge with clients the possibility of going to court and taking mandated action. Three of the four workers acknowledged with clients the likelihood of disagreement arising from their different roles:

> We explain to them our service is not voluntary so I mean whether you like it or not
>
> we're going to remain involved, it's not a choice so I mean, and I say that it's not a
>
> long explanation that's all, all it is: they can like it or they don't like it, that's fine.
>
> (86, FDR)

Workers did not discuss this transparency when they were giving their definitions of SBP. Instead they raised it in response to my questions about how they reconciled the tensions they had described between supportive and directive roles. One interviewee was ambivalent at one point in his interview about whether this transparency might be an element of SBP rather than addition to it, but in general it was framed as an important feature of the worker-client interaction that was external to SBP and supported workers to make SBP compatible with the child protection mandate:

> Sometimes we have to go to court and be formal about it, I have certain standards or
>
> expectations in my job that need to be done and they're there for a purpose . . . so I
>
> guess, I guess the way I deal with it, and I'd like to think that it works is by putting
>
> that on the table and saying to them: look this is difficult. (236, INT)

**Group 5: Enacting Firm, Fair and Friendly Practice (N=4)**

For this group SBP was an approach to making relationships with clients that were, in the words of two workers, "firm, fair and friendly" (176, INT/102, ITK). These relationships were seen as the key dynamic of change. The approach required starting from a particular way of thinking about the client and the relationship, and this informed particular strategies for the worker-client interaction. Because SBP was partly a set of "values, attitudes and beliefs" (248, INT) about how to do the work, and included the use of mandated authority, this definition of SBP was applicable to any child protection situation:

> What I think is that strengths-based practice is an orientation, it's an ideology, it's a way of thinking, conceptualising clients and the work we do with them and the approach we take when we interact with them. You can have a client who's completely remorseful for what's happened, fully engaged, you know, really buying into the collaborative plan to help bring strength to their family unit and really wanting to see where the relationship between them and the Ministry can bring them in the future and you can have a client that comes in and says: F you I'm not gonna work with you I'm gonna kill your kids and burn down your house. I mean I've had both. That doesn't change, it changes what you can do with them but it should never change how you engage with them. (254, INT)

The elements shown in Figure 11 were described by the four interviewees in this group as key to this version of SBP. I describe these in more detail in the following section.
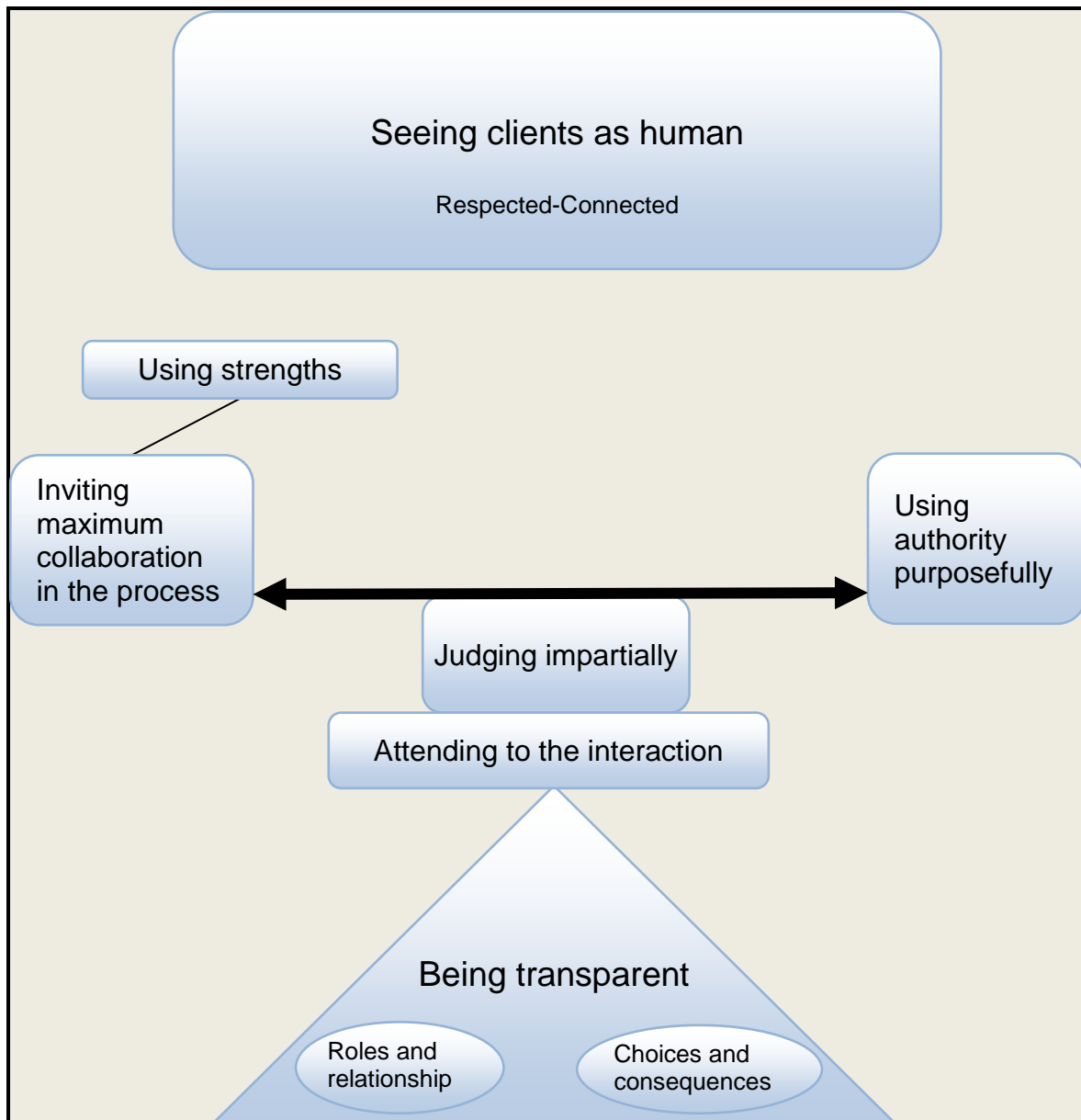
**Figure 11 'Enacting Firm Fair and Friendly Practice' SBP**

*Being Transparent*

Perhaps the most important element of SBP was transparency. While transparency had been

important to varying degrees in the other groups, this had been primarily to support SBP by

orienting the client to protection concerns and enabling the worker to navigate tensions between

the supportive or non-judgmental stance of SBP and a more directive stance. In this group, however, all workers talked about transparency as a core element of the definition of SBP. They often referred to it as honesty:

> I think a fairly firm version of strengths-based practice myself and for me that's coming from a position of honesty and integrity and is values and morals that I hold personally about how I practice . . . the way that I have the most productive relationships with my clients is to be really honest about where they stand. (176, INT)

The quality described went beyond simply being free of deceit or pretence and adhering to the facts. It included this, but also incorporated  the drive to make information readily accessible and understood, to make visible what was hidden. This more expansive concept is typically defined as transparency (Merriam-Webster Inc., 2006).

SBP required the worker to disclose child protection concerns, the worker's role and expectations, the possibility of disagreement and likely outcomes of client decisions. It required them to discuss the worker's authority, the limits this placed on the worker-client relationship and the ways in which this was not a relationship of equals. In all these discussions they were to be "honest, brutally honest" (102, ITK). This transparency had several functions. It was the fundamental building block of the strengths-based relationship. It supported the development of trust between worker and client and the sense of containment that helped clients to focus on making change. Unlike with the 'Connecting to internal and external resources group' trust was not earned through time spent with the client, but it was earned through a very explicit process of sharing information and following through with promised consequences.

This level of transparency gave the relationship a clear sense of purpose and enabled clients to be as self-determining as possible. With a clear understanding of all pertinent

information, clients could make informed choices as to how to conduct themselves during the child protection intervention. As one worker described of a client whose child she removed,

> I laid it out for her exactly why her child was gonna be in care, how long I could see her child being in care, without giving a date but very, you know: what is, what's her life going to look like when she gets her child back. And that was like the first little sort of nugget of trust that she had with me: 'cos then I could come back the next day and we could talk about that again, and by the time we got to court she felt confident that I was gonna do my job and say what I needed to say and that she was gonna concentrate on what she needed to concentrate and that she was gonna get her son back. She actually believed that she could work towards this goal. And it happened and we did it together and it was all about being really, really honest about the concerns. (176, INT)

Being transparent also helped to sustain the worker-client relationship as workers moved between different levels of directiveness within SBP:

> For me strengths-based is honest. It's very honest, it's very transparent, it's very open about the Ministry, about the process, about the tendencies of what might happen in a file, about the shared desired outcome . . . And for me it's like here's the chain of how it works: if you do this and this is the outcome here's what happens next. And if you don't do this then here's the next step that the Ministry usually takes and it might not happen with you and you need . . . here's how we tend to do things. Second step, third step, fourth step, fifth step based on the contingencies . . . So it's not when these things happen it's because I changed my mind and I don't care about you anymore and don't care about your family anymore and I'm thinking bad thoughts, it's because

as we talked about this, these are just the kinds of things that need to happen. I don't

want them to happen but they have to happen. (254, INT)

Three workers in this group described openly acknowledging their authority and client

feelings regarding the non-consensual nature of their contact as a key relationship-building

strategy. This stood in contrast to workers in first three definitional groups, who described the

worker-client relationship being created primarily through the focus on client strengths, and in

the fourth group in which the relationship was based on curiosity:

When I meet with the family I try to acknowledge: this is a difficult way to meet, you

didn't ask me into your life . . . I'm not here because you invited me here, I'm here

because I have to be here . . . And in the course of talking about my role, because they

need to understand my role I formally have to address confidentiality, those kinds of

things, otherwise I'm at risk of misleading them about each of our conversations. So I

have to address all of those kinds of things and so along the way one of the things I

have to talk about is that in this role I get authority delegated to me from the statute in

a bureaucratic structural way and that's what gives me the statutory right to, you

know, in a sense place demands on people to have that conversation with me. (248,

INT)

There was some difference in the group as to the extent worker authority should be

emphasised. Two workers talked about clients already having an implicit understanding of their

authority due to the history of child protection services. After discussing their authority at the

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outset of an intervention, they shifted the focus as quickly as possible to client strengths and only

shifted back when it felt necessary to be more assertive. As one said,

> I don't shy away from the fact that I come from a position of authority but I don't
>
> necessarily have to use it, like the police don't have to use their gun but you know
>
> that they have authority... This from the outset is a power-over relationship and I
>
> don't need to identify that because it's just implicitly understood. It's when you start
>
> to talk in that way that you, that's when client's backs get up, that's when they get
>
> defensive, nobody likes power over and the best use of power over is just, you don't
>
> need to talk about it. (102, ITK)

The other two workers talked about revisiting the dual legal and therapeutic nature of the

relationship on a more ongoing basis.

All in this group talked about using language that supported them to be transparent with

their clients. Their focus was on using simple "crystal clear" (176, INT) language that would

facilitate client understanding. As one said "I'm saying to them in their words so that I

understand. I use their ethnography to be part of their group, I use their language back" (102,

ITK). It was important for all to avoid technical language, and one worker emphasised the need

to avoid language that might trigger reactions from clients, for example he used the words

"expression of concern" instead of "child protection report" (248, INT). However the focus of the

other workers was on conveying meaning bluntly and clearly in down-to-earth language that was

not "fluffy" (254, INT) and did not gloss over concerns. It meant directly addressing the issues

and avoiding any sense of playing a role or pretending with clients:

> I guess that goes back to creating honest relationships right? Like don't small-talk
>
> about things that aren't important to you. Don't pretend you're interested in that when

it's not part of your life and don't try to understand what it's like to live like they live

when you have really no understanding. (176, INT)


### *Judging Impartially*

An important element of SBP was impartiality. This allowed workers to listen to clients and to

look past their own assumptions and biases. As one worker said "my job is to have open ears and

an open mind and hear my client" (176, INT). Another talked of always seeking feedback on this

from clients, telling them "it's imperative that you felt that I was objective and impartial in my

assessment" (248, INT). Another talked of holding in mind the possibility that a protection report

could be malicious and building an understanding of both client strengths and challenges:

> I want to build on the good things and I'm not only gonna shine the light on the good
>
> things, I'm gonna shine the light on the things that aren't working very well because
>
> after all that's why I'm there. (102, ITK)


While the word 'non-judgmental' was sometimes used, all workers in this group were

clear that they were in a position of judgement with their clients. The challenges or impossibility

of being non-judgmental in the child protection role were both raised explicitly through

comments like "how do you suspend your frame of reference while holding on to your

responsibility and the reason that you're there?" (254, INT), and indicated implicitly, for instance

in this statement where the idea of being a referee appears to contradict the idea of being non-

judgmental:

> That goes back to my non-judgmental attitude and I often joke that sometimes my
>
> outfit should be black pants with a black and white striped shirt and a whistle because

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a lot of times I'm playing the referee...I don't judge people...And I tell them about, you know, good, better and best: we make good choices, we make better choices and then we make the best choices. (102, ITK)

Rather than being non-judgmental, the quality this group described was the ability to manage their own preconceptions and emotions in ways that allowed them to come to a judgement that was impartial and fair. It was ensuring that,

you're not going to approach them like you're angry with them or there's a vendetta or they're a bad, evil person, or as if they're less than human . . . that's strengths-based when they know at the end of the day that can be repaired if it comes to a place where the kids are ever coming home again you can work with that person because you didn't inject something into that relationship that poisons it for future collaboration. (254, INT)

This group did not focus as explicitly as those in the 'Pursuing a Balanced Understanding' group on the idea that contextualising client behaviour was a key element of SBP. However in their case discussions they frequently explained client behaviour with reference to the broader context and this seemed to be an element of managing their partiality. Client anger was contextualised as fear, abuse as the re-enactment of past victimisation or learned behaviour. Being impartial involved,

looking past the cover of the book and look(ing) at the content of the book .. .. We're all victims of circumstance in some way, shape or form, maybe not victims but we're all products of circumstance and perhaps there's a reason why this person acts the way they do. (102, ITK)

The same worker went on to say "It's not for me to look that deep, I'm not a psychoanalyst, but I have to learn to work with people like that" (102, ITK). For this group contextualising client experience was not simply a way to understand clients more comprehensively. It helped workers to engage with clients impartially, which in turn helped clients to feel truly accepted and the worker to be "more capable of self regulating and managing themselves and really empathising and understanding where somebody else is at while being able to separate that from what they still need to do" (254, INT).

*Using Authority Purposefully*

All workers in this group incorporated the use of mandated authority into their definition of SBP. Three of the four workers started their definitions of SBP by talking about this authority. As one said, "I feel like I can't think of (SBP) as the softer, collaborative, voluntary approach because ultimately I work under the legislation and that's really clear what our mandate is" (176, INT). This definition of SBP was framed as an adaptation to the child protection mandate and a way to reconcile the supportive and directive elements of the child protection role:

> We do I think completely want to adopt tools and principles from strengths-based
>
> practice with how we engage our clients but those tools and principles have to respect
>
> the legal obligation that we're under, that the client is under, and the laws that govern
>
> child protection within British Columbia. (254, INT)
>
> None in this group framed the use of authority against the client's will as problematic.

The ability to set and maintain clear boundaries was an important element of a firm and fair worker-client relationship. It prevented clients from being taken by surprise by mandated requirements and made the strengths-based relationship one in which clients always knew where

they stood. It supported the sense that this was a purposeful relationship in which clients could trust that workers would follow through on their clear commitments to child safety:

I'm there to praise and encourage and stuff like that, all the while I'm towing a very solid line, right? Like I mean, I'm not here to be your buddy, I'm not your friend at the door, you know, I am a child protection worker who's responding to a valid child protection concern, y'know? This is not a voluntary service this is a involuntary service and so I'm not there to be your bestie. I'm there to make sure that the children's needs are met. (102, ITK)

"Leading" (102, ITK), "guiding" (176, INT) and being "cut and dried" (254, INT) was necessary at times but was a temporary stance within a strengths-based approach that supported workers to assume whatever level of authority was necessary to meet the goal of child safety:

After trying to de-escalate things, keep things on a calm thoughtful level, there are still times when my assertive presence emerges. It's not aggressive, it just then moves into the y'know: there's some things I have to do. And we can, you know, I often say: we can do it the easy way or the hard way. I'm always up for doing things the easy way; what about you guys? (248, INT)

Workers adjusted their level of directiveness to match client insight, capacity and engagement with the process:

Just because I would need to be really sort of heavy handed, maybe that's a poor word, but sort of rigid and directive at the beginning doesn't mean I'm always gonna have to be that. That the goal is that they're gonna start to engage with it and start to see what we see to some degree. I don't need them to take on my perspective but to at

least see the protection concerns and then I'm gonna sort of step out and let them work with it and then they're gonna tell me what they need to change more, or feel supported and it's this, a lot of evolution with strengths-based practice. (176, INT)

When clients were angry or reluctant to engage workers needed to be persistent and exercise their authority even about the need for client contact. This was because SBP required genuine collaboration in which both parties were required to participate. There was a recognition that it might take several meetings to develop the conditions for an honest and productive exchange. As one described in her account of doing SBP with a client who had rejected social work intervention for several years, "I've forced a meeting every other week with Mum, to check in and she just sort of broke down and was: ok I guess I'm gonna have to tell you about my life" (176, INT).

### *Inviting Maximum Collaboration in the Process*

SBP meant continually seeking collaboration with clients. This involved moving from acknowledging their authority to attempting to reduce the power difference between themselves and clients. Their strategies to achieve this focussed on increasing the client's power within the relationship, rather than denying their own. Indeed three workers in this group were explicit that this was not a relationship of equals and that collaboration was "to the degree possible" (254, INT), within limits of their mandate, of client capacity and of their own needs for safety. As one said,

> What I notice (with SBP) is that the social worker's making efforts and, it's never gonna be equalised, but to create a safe environment where that person can feel a bit

more equal and neutralising that power dynamic. Not erasing it, 'cos you can never take that away but giving the client a voice and acknowledging what they're saying and then, you know, doing their job respectfully. (176, INT)

The extent of possible collaboration shifted during the course of the worker-client relationship as it was intimately connected to the shifting nature of client engagement and worker authority. However there was never a time when meaningful collaboration was not possible. This was because the focus of this group was as much on collaboration in the child protection process, in the relationship with the worker, as it was on collaboration in the formation and execution of a plan to increase child safety. Collaboration supported a level of client self-determination, but this as much related to the client making informed choices about the ways they engaged with the worker as it was about how they framed their family plan.

While all talked about inviting clients to participate as partners in making plans to increase safety, the importance attributed to this varied across the group. One worker talked at length about client partnership in safety planning and described clients taking on roles like inviting participants to planning conferences. Another stated that this level of participation in planning was beyond the capacity of many, if not most, clients. All, however, agreed that even in situations where clients appeared to have very little control over the direction of the case, SBP involved continually inviting their perspective and engagement in the interaction with the worker. This might mean following up the news that they had to be interviewed by offering choices as to where that might take place, or inviting them to determine how quickly they expected the worker to return their calls. For many clients collaboration was built through participation in small decisions about process:

To some of my clients I've said: right now I don't think that you can see these things, I'm gonna see them for you, and we're gonna come back and we're gonna re-evaluate and see what you see and see how this has worked and what doesn't work and just getting their feedback about it too. They always have a voice and they can always participate. (176, INT)

The key to collaboration was asking for, listening to, and exploring the client's perspective. This included inviting their feedback on the worker's intervention and being open to their criticism. It involved the mindful and deliberate creation of a sense of safety in the interaction and use of techniques like scaling and exceptions questions to elicit the client's perspective and goals.

### Attending to the Interaction

All four workers in this group described an ongoing attentiveness to the interaction between themselves and their client. They were very mindful about how their language, body language and voice tone could support or undermine their connection to their client. They described therapeutic techniques like tracking the client's meaning, using reflective statements to check for understanding and honouring the need of clients to take breaks during interviews. Three workers in this group credited their education in counselling and advanced communication and therapeutic skills for enabling them to attend sufficiently to the ways in which they interacted with their client:

Right from the get-go the language you're using and the tone of your voice and the body language that you're using exudes connectivity and relationship and you're

saying to clients directly, you know, my intention is good . . . So for me I'm

extremely strengths-based above and beyond the physically because I . . . bring a lot

of counselling to my approach with clients and how I engage them and how I talk to

them, how I attend to them and track with them where they're at. And for me that's

an important part of my practice to be intentional about. (254, INT)

All in this group described attempting, in each interaction with their clients, to create

conditions that supported the relationship and transmitted the message that they meant well.

Three workers talked about the need to be calm, grounded or steady with clients. This involved

deliberately working at being "emotionally available" (254, INT) and "present in the moment"

(248, INT). It included being mindful about their use of language. As one worker said:

I am calm and I'm grounded and I'm really thoughtful about the language, again that

sounds silly but choosing the words. How many times I've had people have things

begin to go sideways because of a misunderstanding, because the language, my

choice of words triggered, so it's wasn't helpful . . . And so my language, my

physical presence, where I talk to people, the difference between me meeting clients

in my office as opposed to the bloody boardroom; all of that then reinforces every day

the relationships that I have. (248, INT)

One worker spent considerable time explicitly negotiating with clients the worker-client

relationship's "ground rules so we can both feel safe and we both feel heard and we both feel

respected" (176, INT). These rules served to create the conditions for honest dialogue in addition

to modelling the assertive communication skills that clients could later use in addressing child

protection issues. She and another worker talked of attending to the relationship by keeping

small commitments like arriving on time for meetings in order to support the sense of trust and

mutual accountability. Two workers talked about being mindful of the physical space in which

they interacted with clients. In their eyes, how they sat with clients on the couch, took off their

shoes or positioned furniture had the potential to either support or undermine collaboration.

For these workers attending to the minutiae of their interaction with clients helped them

to continually transmit to clients their impartiality, presence and caring. It seemed to soften the

impact of their blunt honesty and was part of an ongoing process of checking and correcting their

communication in order to support understanding and collaboration with their clients.

### *Seeing Clients as Human*

SBP meant always seeing clients as fellow human beings who were worthy of respect and

positive regard. This was part of this group's definition of SBP, rather than simply a value that

supported SBP:

> The way that you do that has to always be respectful of the humanity of the person
>
> that you're working with. And therefore if it is it's going to be strengths-based, right?
>
> I don't view them as a monster through a lens, I actually: yes so you busted
>
> somebody's head open and you then blew up a house; none of that stuff is excusable,
>
> but that doesn't mean you're not a human being anymore. And so how do we connect
>
> with you as a human being while still doing the stuff that we need to do in response to
>
> the behaviours that, that you demonstrated. (254, INT)

For all in this group viewing clients as fellow human beings meant seeing them as inherently deserving of respect. The interviewees talked of having "positive regard for them in their humanity" (254, INT), holding an "innate belief in the goodness of humankind" (248, INT), treating clients "like a human being, like a human being should be treated, with respect and kindness" (102, ITK) and showing "human dignity . . . that decent, y'know, respect and that's another human being and that's precious and valuable" (176, INT). Being human meant being worthy of unconditional positive regard, respect and hope. SBP meant accepting and supporting clients as fellow humans with value and capacity.

Seeing clients as having a shared humanity also created a sense of connectedness. As one worker said, "I am a human being just like them, we are joined in that" (102, ITK). It helped workers to see clients as having both strengths and areas for growth, as there was a sense that "we're all human, we'll both make mistakes" (176, INT). Seeing clients as human meant seeing them in a holistic way. As one worker put it "I go back to my version of strengths-based which is honouring the other human life in the room and that they experience life and they have likes and dislikes and feelings and they contribute that" (176, INT). Looking at clients in this way also engendered feelings of caring and compassion that were very motivating for workers. As one said, "I do honestly care about you. I want you to succeed" (102, ITK). Another explained,

> I care about people in general . . . I care about my clients in the sense of, probably more from a therapeutic lens in the sense of in the humanity of who we are as human beings. We want, you want positive outcomes for all human beings that exist. Negative things happen, that doesn't mean you want negative things happen, so you care for them in that sense, you will good things, you know, to materialise in people's lives and their experiences. (254, INT)

It was important to all workers in this group that these positive feelings, and the underlying conceptualisation of the humanity of clients, were genuine. When genuine, they served to keep in check the focus on worker authority and facilitated client engagement and the continuation of the strengths-based relationship even when workers had to act against client wishes:

> So they understand clearly what could happen legally that might not be nice stuff, or it might be ok stuff at the same time they're hearing it from a frame of: I really care for you I want to see something positive come out of this. (254, INT)

Genuine respect for the humanity of clients ensured that the focus on strengths in SBP did not become a cynical exercise in manipulation:

> On the surface someone looking in can say: oh well it's like putting icing on a cake but the cake is actually made with cow-pies . . . if the intent is to deceive and try to make it easier for you to then talk about difficult things, folks will see through that and, and they won't be able to stay with you in the course of the conversation. So there has to be a true sense of genuineness and the clients we're sitting with, whether it's just in your office or around the table they need to feel, I believe, the compassion in your language, they need to see it on your face, they need to see it in the way you sit with them. (248, INT)

There was a perception that clients easily recognised inauthenticity. However, as illustrated by this worker's response to the suggestion that SBP might become manipulative, it was the moral imperative to treat fellow humans with respect and care that was the driving force in keeping the strengths-based relationship honest:

That's a really ignorant, dishonest, disrespectful marionette way of looking at

someone like they're just an object and I completely devalue them as a human being

and as a worthy relationship by treating them so poorly. And I couldn't live with

myself, I would be gutted, like I would just be, I mean my stomach is turning right

now just thinking about it. Just not cool. (102, ITK)


*Using Strengths*

All in this group talked about using client strengths, although this was one of the least discussed

elements of this group's definition of SBP. Identifying and acknowledging strengths was one

way to demonstrate genuine positive regard and respect for clients. Its main function, however,

was to facilitate engagement in the collaborative relationship and to elicit therapeutic change.

Complimenting strengths encouraged clients and increased motivation, self-esteem and agency:

I start to build on that strength, it brings a sense, you know, and I'll use a social-

worky word, you know, it brings empowerment, right? And so people get this natural,

you know, endorphin release like: wow gee, I can do good things, I can do this. (102,

ITK)

This contrasted with the alienating effects of focussing only on the child protection concerns:

If the first time I approach Mom and Dad Blogs I'm in their face about: I've had a

report about these things that they are doing or not doing and the emphasis is on that .

. . the couple who are sitting there with me are going to feel inclined to respond fight,

flight or freeze. And if it's fight then we're going to have an escalation of emotion

and a resistance to any significant kind of conversation. If it's flight; they're gonna

shut down, they're not going to really want to engage in a conversation with me,

they're not going to want to be forthcoming with information and if they freeze then

it's like trying to pull hen's teeth. So how we first approach the mother and father or

the family member, from my perspective, then informs the whole balance of the

process because if we get off on the wrong foot to start with then we spend so much

of our time trying to pull back some semblance of a relationship. (248, INT)


Strengths could also be used or "leveraged" (254, INT) in safety plans. This might

include ensuring that clients were asked to participate in areas in which they felt most competent:

I start to build on things they're good at, you know, Mum might be really good at

organising, Dad is good at doing tasks, you know, like going to an appointment, or,

you know, making sure to pick the kids up. Dad might be good at carrying out Mum's

organised list you know? or something along those lines. (102, ITK)

It might also include identifying protective people and resources in the broader family and

community network in order to access their support. While the extent to which they emphasised

this element varied, three of the four workers spoke of working with the client's network in this

way:

You hold in your heart and soul that you wanna work with parents collaboratively,

that you wanna manage risk in the community, and that you wanna focus on

strengths, and not ignoring worries and concerns but you wanna focus on strengths,

resilience and building capacity and  finding those protective factors from within the

family system as a whole. (248, INT)

**Challenges**

There were two challenges discussed by all the workers who held this definition of SBP as 'Firm, Fair and Friendly Practice'. These are summarised in Figure 12 and described in the following section.
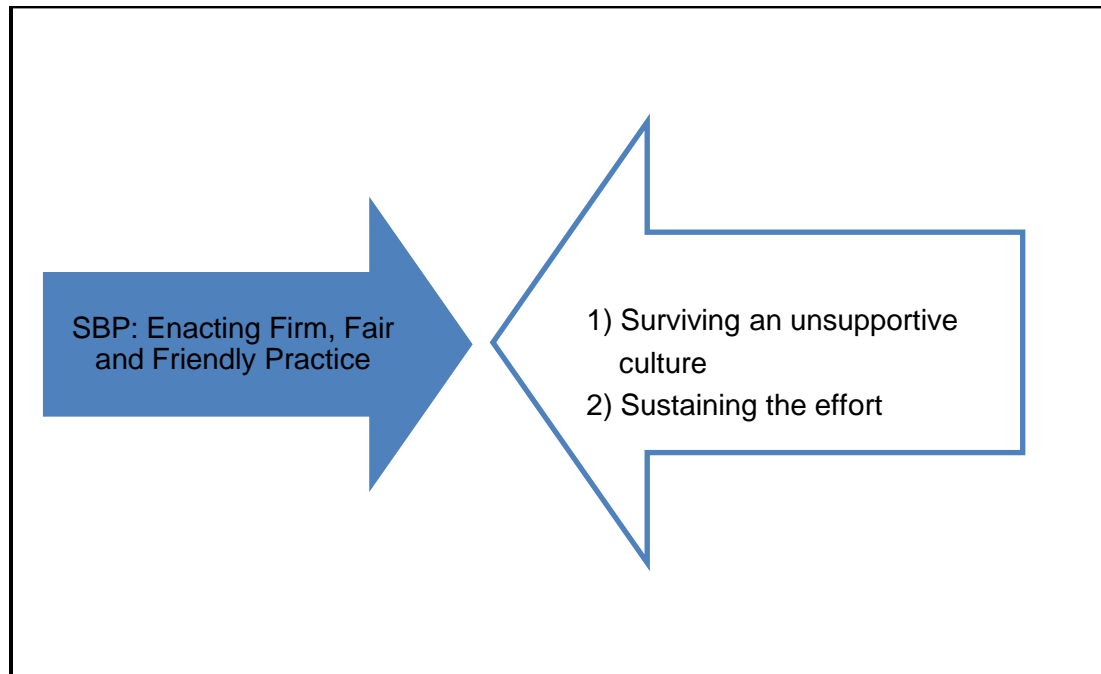
**Figure 12 Challenges to 'Enacting Firm, Fair and Friendly Practice' SBP**

*1) Surviving an Unsupportive Culture*

All workers in this group identified the organisational culture of MCFD, described by one as "toxic" (254, INT), to be a significant barrier to SBP. Problems included power struggles within the bureaucracy, a disconnection between management and frontline workers, a lack of acceptance of alternative viewpoints and a tendency to avoid all risk-taking based on "a mistaken belief which is a lingering aspect of the Ministry's culture, that you want to make sure no children die on your watch" (248, INT). Three of the group talked of feeling that their skills and

contribution were neither appreciated nor valued and one had concrete plans to leave MCFD as a result. The organisation was seen to promote neither the sense of safety nor openness to different perspectives needed for SBP:

> I came to the Ministry and the Ministry's perspective is: nothing you've ever done matters or means anything. You're nothing. And they treat you like that from the ground up and for me it's been, you know, it's not about ego or pride it's about having unused skills and resources that you feel: you know what this organisation needs these things and they're not willing to allow me to use them. (254, INT)

The feeling that MCFD did not support SBP was attributed at least in part to a lack of unified understanding as to what SBP involved. The misperception that SBP was easy and little more than 'being nice' within a voluntary and cooperative relationship created confusion, encouraged workers to do SBP in ways that did not manage risk, and left workers in this group feeling unsupported in their understanding of SBP:

> I have gotten into quite a few discussions where I've said 'Wow that is an absolutely unbalanced look at this family: you were called for a child protection risk and here you are just talking about what the family is doing good. Well this family's clearly struggling, there's no food in the fridge, the children are fifteen pounds under weight and they're not wearing shoes and socks like how can you just talk about what the family is doing well without actually doing your job and addressing the risk?' So I think that y'know what is strengths-based practice? I think that can be really highly argued and it's a debatable topic. (176, INT)

Managers, basic training courses and a Quality Assurance process emphasising client satisfaction reinforced what were perceived to be unhelpful definitions of SBP. There was insufficient attention paid to the need to sometimes contravene client wishes and inadequate clinical, training and resource support to practice SBP in a way that allowed for mandated responsibilities.

An organisation-wide focus on expedience also presented challenges. Two workers talked of how cuts in the duration of basic training left new workers unprepared to practice SBP. The pressure to close cases as quickly as possible led people to believe they did not have the time for SBP. It also fit poorly with client needs and the reality that a strengths-based relationship could sometimes take a great deal of time to negotiate:

> I'm not afraid to have a long term relationship but my government is, they don't want me to have a long term relationship and I want to, you know, it's about opening a file, closing a file. No, it's not. If you are really, truly, honestly going to work with human beings you need to treat them like they're human beings and not cattle being processed. (102, ITK)

## 2) Sustaining the Effort

Three workers discussed the fact that SBP required a great deal of effort and could feel exhausting. It was challenging to maintain the boundaries and emotional self-regulation that made engaging in a "firm, fair and friendly" relationship possible. It was hard to keep from being overwhelmed by the emotional intensity of the job and to remain genuinely open to feedback from all parties:

> It's emotionally exhausting. And something I think social workers don't get is you can't please everyone. The courts don't like your action, the RCMP doesn't like your

224

action . . . and you just have to be really calm and take in their concern, and doing

that with the client too, feels like it never lets up and strengths-based practice really

isn't an equal relationship when you're thinking of it in that way because the demands

on me to respond a certain way and not involve my emotion are much higher than the

client . . . you're always on, and you're always, I mean, you need a lot of support to

do that. Because you're inviting criticism right? You're inviting, I mean it's not

necessarily always criticism but you're inviting your clients to feel like they have,

well not feel, but to give them a voice and give them an opportunity to talk about

what in the intervention or the relationship isn't working. (176, INT)

This group identified that it was particularly challenging (although never impossible) to

create a strengths-based relationship with clients who were engaged in domestic violence,

experiencing untreated addictions and mental illness and those who felt helpless.

**Supports**

There were several factors that supported workers in this group to do SBP (see Figure 13).

**Figure 13 Supports for 'Enacting Firm, Fair and Friendly Practice' SBP**

*1) Using Self-regulation Skills and Strategies*

All members of this group talked about using emotional self-regulation skills and strategies to help them maintain the strong sense of self needed within SBP to remain emotionally present, impartial and both assertive and collaborative. As one said,

> I'm emotionally invested in my cases and I have opinions about the children and families but it's not my job to put my emotional opinion in my work. My job is to guide the child and the parents through the work. And it's really emotional for them and I need to be strong and regulate my emotion, to always be calm and hear their concerns and respond back and if you can't do that I think is where you actually, you can't do strengths-based practice and in fact I think you probably end up doing

damaging practice 'cos you just want out of the meeting, right? I just, I'm gonna say

something so it's over and then we're out, right? (176, INT)


Maintaining this level of self-regulation took considerable effort and advanced skills.

Three workers identified skills gained from their education in clinical counselling, psychology

and conflict resolution as important supports for their practice. One talked in detail about the

value of graduate level counselling courses in developing the necessary empathy, self-regulation

and boundaries needed for SBP. This worker also talked about the need for MCFD  to develop

recruiting practices that enabled them to target people who had strong self-regulation skills:

> They need somebody who's emotionally available and who's able to hold on to
>
> themselves and has that kind of steady temperament right? That can see outside of the
>
> big picture outside of and then operate within the frame of the work that they're doing
>
> with the person, in that, I wouldn't say intimacy but in that proximity of emotional
>
> connection with somebody. Where you're not getting absorbed up into that. (254,
>
> INT)


One self-regulation strategy used by all in this group was to take time before client

contact to emotionally prepare themselves. This enabled them to make themselves emotionally

available to clients, to become more self-aware, and to remind themselves of their purpose:

> How I start is, I set myself before I sit with a client: this is where things are at and this
>
> is what I'm getting before I see them as a picture of the way they might be. I need to
>
> suspend that to some degree and find a way of sitting down and being available to

them so that it's, so that there's an increased chance that they'll be able to work with

me. (254, INT)

They prepared themselves through reflection, prayer or meditation. It was notable that both

workers I interviewed twice talked of the positive impact on their work of the time to reflect that

had been afforded by the first interview:

Sitting with you last week, one of the things that I probably didn't think about at the

time is it would cause to come into the conscious present all that I value and believe

in and so when I was sitting talking with (Name) yesterday, all of that was so much

more available to me in my language and in my conversation. And so this, these two

conversations have definitely provided that opportunity to remind me of first

principles and my own journey and that will of course serve to reinforce my passion

for this way of working. (248, INT)


### 2) Being Comfortable with Mandated Role and Authority

All members of this group shared a clarity about and comfort with their mandated role and

authority. As one worker said "I don't apologise about the work I do" (254, INT). The legislation

was not seen as particularly restrictive and their mandate was seen as important, necessary and a

guiding focus of their interaction with the client. Their authority was seen as a helpful tool and

workers did not appear conflicted about using it when necessary. This was demonstrated by one

worker who described working with a client in,

a situation that was really unsafe where things were being thrown and the police were

called and she was clearly not in control of herself or her thinking. And everyone

wanted a Voluntary Care Agreement and I said like: I can't, this woman can't sign.

And I don't want her to regret that. I'll take the heat for this, this is my choice, there's

no way that she can parent right now . . . everyone was dancing around her, and I

said: it's not her choice. (176, INT)

Three workers in this group had previously worked in jobs in which they carried considerable

authority and two explicitly linked this to their comfort with their authority as a child protection

worker.

You've got to be comfortable with your authority, I mean that's one thing . . . You

can't do this work if you're not comfortable holding authority in relationship to other

people. And for me having worked in the (criminal justice system) I mean I've spent

most of my career working, you know, percentagewise as an agent of social control

(248, INT).


### 3) Having Self-Confidence

All workers in this group showed a great deal of self confidence. For three this was rooted in a

strong belief in their own skills. One, who described himself as "a relationship prodigy" (102,

ITK), described how his faith in his own ability enabled him to protect the time he needed to do

SBP:

I'm criticised because my files are open way too long and I always let (management)

know : well, you know, I'm happier for you to show me the door if you don't like

what I'm doing just show me the door . . . because, you know, my files shouldn't be

open as long as they are but I stand behind what I think is a pretty significant success

rate in relationships with people. (102, ITK)

For another, self-confidence enabled him to persist in attempting to engage clients even in very difficult situations:

> When I have conversations with social workers about being afraid, or anxious and I share some of those stories, on one level I say: maybe I'm just stupid, you know, and maybe I'm taking undue risk. But also I say a part of what it is led me to do those things, to meet with people in those ways, to have those hard conversations I suppose is an innate belief that I can, with skilful work reach out and meet people in that place. Where they won't actually harm me. And so a feeling of confidence for sure . . . . a core belief though I think that you can, you can tap into that part of the human condition, so that the need to harm someone else is defused. (248, INT)

The fourth worker, who was female and less experienced, talked of developing a comfort with herself that enabled her to be authentic and honest with clients. She commented that "I guess I just don't try to compensate for who I am, right? Like that's who I am" (176, INT). Her comments about not needing to be liked by clients were echoed by two other workers in this group. When asked about differences between people who did SBP and those who did not she offered that "I always feel safe in myself" (176, INT). She attributed this to her personal support network and the time spent negotiating the ground rules for safe interaction with her clients. Her self confidence and sense that she was safe were mutually reinforcing.

### 4) Having Convergent Values

All members of the group described SBP as fitting 'naturally' with their temperament and the core values with which they were raised. These values included a belief in human goodness and

the potential for growth, the belief that workers and clients shared a common humanity and a belief that all people had the right to be fully informed. As one worker said, "It's not that somebody taught me as such to work in this way, over my career, there's beliefs I have about humanity, there's values I have about humanity and the culture and the society I live in" (248, INT). SBP felt "intuitive and innate" (248, INT), it was "just who I am" (254, INT/102, ITK). Two workers talked about the approach they took with people using SBP being the way they also approached relationships in their personal life and the remaining two talked about SBP fitting their temperament in a way that it did not fit for some others. Two workers talked of learning the values on which SBP was based from their mothers, and two referenced their religious faith as important to the development and maintenance of their practice.

> In order to fully appreciate who I am like, you know, I'm not a social worker just for the seven and a half or eight hours a day that I'm here, right? Like it's who I am but it's also me being Christian as well so I have to learn to love everybody. (102, ITK)

### 5) Being Humble

Two workers directly linked the ability to do SBP to humility. Being willing to acknowledge mistakes, apologise to clients and to see worker and client as equally flawed helped support a strengths-based relationship that was honest, fair and genuinely collaborative. When asked what enabled him to make strengths-based relationships with clients this worker responded,

> Humility. I'm humble, I'm a human being just like they are and human beings are prone to mistakes, we're not perfect, but that doesn't mean that, you know, I should throw you out with the bath water, you know? I'm there to be an encouragement . . . I

don't judge people, I don't condemn people, I don't belittle people and so I mean, I use humility. (102, ITK)

All in this group showed a noticeable humility during their interviews. They tended to critique themselves, described difficult situations as providing valuable learning opportunities and talked of having learnt from their clients:

Mental disorders, addiction to alcohol, drugs; great teachers, great teaching moments. I've learned as much from my own family as I have in school and, again, clients have been some of my best teachers. Particularly when I screw up and they let me know. (248, INT)

Three workers talked of learning through making mistakes and "stretching your ability" (254, INT) over the course of many years and suggested this as one of the benefits of their maturity. As one said of less experienced colleagues,

the whole goal of university is to be right 'cos you can't write a paper and be wrong, right? They carry that sense of having to be right into the workplace and, you know, there's been tons and tons and tons and tons of times where I've said, you know, using that Rogerian reflective statements, right? Like where I've reflected and I've missed it man! Holy cow! I missed it and set the client right off. And then rather than try and dig my hole deeper, right? My experience says just be humble, say: look it you're right, I'm wrong. Totally missed it, sorry. I didn't mean to disrespect you and can we move forward from this? How can we, what can we do to talk about, like what can we do to fix what I just broke? Y'know and workers don't, newbies don't get that. (102, ITK)

The less experienced worker in this group was more deliberate in creating space for mistakes to be made. She addressed this with clients as she negotiated the ground rules of their relationship:

> I say with that: these are goals and we're all human and so, you know, if you are allowing me to make mistakes I'm gonna allow you to make mistakes too. And there isn't gonna be any assumption that that means risk or danger . . . And sometimes we go along and then, you know,  we all get lazy, we're all human and we have to revisit that again. (176, INT)

## Characteristics of Interviewees Holding Different Definitions of SBP

There were clear differences in the definitions of SBP held by workers in these five groups. I examined the characteristics of workers in each group to understand whether these too differed by group. The age, years of SBP experience and years of child protection experience of the participants within each of the definitional groups are summarised in Table 16. It should be noted there was one outlier in the 'Supporting Client Self-Determination' group who increased the mean SBP experience by 3.36 years.

The team membership and qualifications for interviewees in each definitional group are summarised in Table 17.

**Table 16 Characteristics of Interviewees by Definitional Group**

| | Age | | SBP Experience (years) | | Child Protection Experience (years) | |
|---|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *M* | *SD* |
| Relating therapeutically (*n* = 3) | 32.00 | 3.00 | 4.00 | 3.00 | 2.33 | 1.53 |
| Supporting client self-determination (*n* = 7) | 38.43 | 9.64 | 9.86 | 9.86 | 10.43 | 7.00 |
| Connecting to internal and external resources (*n* = 6) | 38.83 | 3.87 | 7.83 | 4.17 | 4.67 | 3.88 |
| Pursuing a balanced understanding (*n* = 4) | 38.00 | 14.88 | 10.25 | 9.54 | 7.00 | 6.63 |
| Enacting firm, fair and friendly practice (*n* = 4) | 45.00 | 13.78 | 16.50 | 15.78 | 9.00 | 4.9 |

**Table 17 Team and Qualification of Interviewees by Definitional Group**

| | Qualification | | | Team | | | | |
|---|---|---|---|---|---|---|---|---|
| | BSW | MSW | Other | Intake | Family Service | FDR | Integrated | Other |
| Relating therapeutically (*n* = 3) | 3 | 0 | 0 | 0 | 2 | 0 | 1 | 0 |
| Supporting client self-determination (*n* = 7) | 4 | 2 | 1 | 0 | 2 | 0 | 4 | 1 |
| Connecting to internal and external resources (*n* = 6) | 4 | 0 | 2 | 0 | 3 | 0 | 3 | 0 |
| Pursuing a balanced understanding (*n* = 4) | 3 | 0 | 1 | 0 | 0 | 2 | 2 | 0 |
| Enacting firm, fair and friendly practice (*n* = 4) | 3 | 0 | 1 | 1 | 0 | 0 | 3 | 0 |

**Changing Definitions of SBP**

While all interviewees had a clear commitment to one of the five definitions of SBP described, many talked of an evolution in their thinking about SBP. Fourteen described moving towards the belief that SBP needed to be adapted for each client and could be done in different ways. They described a process of broadening from a focus on particular SBP techniques to a more generalised and flexible approach in which values became more important:

> That's sort of like the evolution of the thought process and I think when you realise it's actually, it becomes part of your being, it becomes who you are, it becomes sort of that belief system, so it's not just about the techniques that you use when you're working with people it's also about how you conduct yourself, right? in your work setting and in personal life too. (72, INT)

Eleven interviewees linked this evolution to a more general movement over their careers away from a rigid adherence to direction and procedure and towards greater flexibility. An additional three talked about moving during their careers towards a way of practising that was less judgmental and reactive. Several attributed their changing understanding of SBP to the fact that they had worked in different locations and teams. This enabled them to borrow ideas from coworkers and team leaders with different styles, and to find new ways to integrate SBP into their practice.

One worker in the 'Supporting Client Self-Determination' group appeared to be in the process of incorporating these changes into a new definition of SBP that was more consistent with that of the 'Pursuing a Balanced Understanding' group. She described herself moving away from seeing SBP as focussed on a set of activities supporting self-determination towards a more

generally applicable approach of openness to "get a more well-rounded picture of the family" (70, FS). However she had not yet embraced this new definition and was unclear about its legitimacy. She contrasted her way of seeing SBP with the questions and techniques that she had been taught, commenting,

> I think that we always can be strengths-based in our own way, like I think that you
> can always use language that is respectful and that is honest and that is, and that does
> acknowledge the good things about them and that does validate the concerns that they
> have or the things that they're saying, I think you can always do that and I think
> whether or not that's like strengths-based or not is, is kind of debateable and it's just
> kind of a technicality right? (70, FS)

A career trajectory described by two workers in the 'Relating Therapeutically' group, and four in the 'Connecting to Internal and External Resources' group was a movement towards greater clarity about risks and a greater transparency about that which might not be perceived as strengths. This was accompanied by increasing comfort with their own authority. This development most commonly led to a reduction in the times when SBP was deemed appropriate. Although workers became more aware of a need to be negative or directive with clients, acting in this way was the point at which SBP stopped. Two workers, however, appeared to be in the process of attempting to integrate greater transparency into their definition of SBP. The call by one for MCFD to develop a model of SBP that was more honest about its mandated authority appeared to reflect her own attempts to integrate this aspect into her work and to move towards a more expansive definition:

So I think that [MCFD] are trying to figure out a model that is successful and it's hard to do 'cos at the end of the day there are decisions that have to be made to keep kids safe so it's really hard to find a balance, and I think it's close, like it's getting there but there just has to be, I think, a little bit less of, of y'know acting like we're strengths- based and a little more of like 'I care about what you're doing well but at the end of the day your child needs to be safe and I need to know they're going to be safe'. Kind of more of a balance, in this work it's not like counselling or psychology or another job that doesn't have the same mandate where you can spend as much time as you want with somebody, you can keep meeting up with them every week for years. (266, FS)

Looking back over her career, one worker in the 'Pursuing a Balanced Understanding' group described a similar redefinition of SBP based on the realisation that it could not be solely focussed on strengths:

When I first started with strengths-based practice I thought that strengths-based practice was only focusing on the good so I started off with a bit of, well actually it was quite a negative opinion on what strengths-based practice was because the feedback that I had gotten was y'know we need to focus heavy on the strengths and I felt that it was a really big disservice because none of the risks in the family were getting addressed or they were getting shovelled aside to only look at the good things . . . I think it's become more balanced. (116, INT)

A worker in the 'Enacting Firm, Fair and Friendly Practice' group discussed how she too had redefined SBP, this time in a way that enabled her to use her mandated authority:

> Before, you know, I thought it was useless because I'd go out there with the: it's collaborative and I'd just kind of feel like: alright this is not working . . . if you interviewed me four years ago I would have said: I don't like strengths-based practice, I like my practice but now I can see what I was trying to create for myself and the clients is strengths-based... I think, especially 'cos I've had the job of mentoring two new workers and they have gone to, one of them's gone to the JI[3], one of them hasn't gone but what they come back with is that it's cooperative and voluntary and, you know, we're just gonna take a whole softer approach. And it only takes them a few intakes to realise that it, it can't actually work that way 'cos you're not really being honest with your client about what's happening. (176, INT)

Several workers in the 'Pursuing a Balanced Understanding' and 'Enacting Firm, Fair and Friendly Practice' groups talked about the negative consequences of definitions of SBP that failed to take into account the mandated role, the need to focus as much on risk as strengths, and the limited ability of some clients to be self-determining. They had explicitly rejected definitions of SBP that they felt failed to take into account the context of child protection work, left children at risk and confused clients.

Five workers talked about the importance of maturity and described how the skills and values that supported SBP had evolved over years of professional practice and life experience. One was the worker with a 'Supporting Client Self-Determination' definition who held that SBP

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[3] The JI is the Justice Institute of British Columbia where many new child protection workers receive their core training

was always possible, one was in the 'Pursuing a Balanced Understanding' group and the remaining three were in the 'Enacting Firm, Fair and Friendly Practice' group:

> I have a philosophy and I guess it's developed over years... I think on one thing there's a fundamental humanitarian set of values that one comes up with or develops as they grow and mature as I guess individuals or professionals. (236, INT)

## The Alternative to SBP

At times interviewees directly addressed the question of what they were doing when they were not doing SBP. On many other occasions they described SBP by contrasting it to alternative ways of working. These alternatives to SBP were often the mirror-image of the worker's definition of SBP. Several workers with a 'Supporting Client Self-Determination' definition described its alternative as giving directions, making decisions, and engaging in child protection processes like investigations and removals. Those defining SBP as 'Relating Therapeutically' saw 'not-SBP' as not being in a relationship with clients and those in the 'Pursuing a Balanced Understanding' group saw it as being "accusatory and black and white" (115, FDR) and overly task-focussed. The 'Enacting Firm, Fair and Friendly Practice' workers described the alternative to SBP as failing to follow through on commitments and being paternalistic and procedural. Workers in the first three definitional groups described telling clients 'you need to do this' as not part of SBP.

Few workers described these alternatives to SBP in positive or even neutral terms. For most 'not-SBP' appeared to be a synonym for bad practice. Across all the definitional groups, workers tended to dichotomise SBP and its alternatives to such an extent that 'not-SBP' might

best be characterised as punitive, threatening, allowing little room for client input and focussed on client failings. Workers used these words and talked of "wagging the finger" (323, INT), "bullying" (236, INT), "coming down with the hammer all the time" (216, INT), and "removing and just saying: you have to do as I say and jump through these hoops" (407, INT). Workers who were not being strengths-based were described as being "very rude to clients, very harsh" (254, INT), "oppressive" (115, FDR), "hard-handed" (266, FS), "heavy-handed" (248, INT), and engaging in "police-dominated practice" (999, INT). One worker said "if you weren't practicing from strengths-based . . . you were just downtrodden and yelling at people all day long and being the heavy" (216, INT). Another said,

> I don't go in there with a negative, finger pointing dictatorial attitude that says I'm holier than thou and, you know, you're gonna, I'm the mighty child protection worker and you're scum . . . other social workers they just go in there and they bring the hammer down. Bang: y'know what, (this) is not appropriate and you need to sign a safety plan that says you're not gonna do this anymore and that you're gonna stop doing drugs and that you're gonna go up to the [addictions] worker on Friday for the open assessment and then next week you're gonna start a program. Like bang, bang, bang, bang if that isn't an emotional assault, you know, like a dictatorial relationship I don't know what is.  (102, ITK)

SBP was contrasted with controversial examples of non-strengths-based social work practice like looking through garbage cans, telling a parent "Mum, you're out of the house because of the sexual abuse and you'll see your kids in eighteen months when everyone's through therapy" (73, INT) and "scooping the kids out of Aboriginal communities" (189, INT).

Few workers offered an alternative to SBP that might be recognised as respectful and compassionate social work practice in which clients retained some autonomy and choice.

## General Implementation Factors

In addition to the implementation factors attached to each of the five definitions of SBP, there were two issues discussed by workers from all the definitional groups. The first was management support and the second was fear. In this section I describe how interviewees saw these factors supporting or inhibiting their attempts to do SBP.

### Management Support

> Our organisation . . . has invested money beyond what I can imagine, so much of this paradigm, so much of this way of thinking, and yet as an organisation, this is what's fascinating to me, it does not act in a strengths-based way at all. Our managers do not practice what we've been asked to practice with us. So the organisation is unhealthy... I mean the whole new Child Protection Response Policy, is totally strengths-based and collaborative. Everything about it, but the organisation itself doesn't look like that. (248, INT)

All interviewees described their ability to implement SBP as being heavily influenced by the level of management support they received. Supervisors and managers were powerful influences on whether and how workers used a SBP approach, which was primarily learnt through role-

modelling and practice experience. As supervisors and managers were often discussed interchangeably, I refer to them generically in this section as 'management'.

Interviewees from all the definitional groups criticised the level of management support. It was seen as undermining their capacity to bring to clients the attitudes and resources needed for SBP. As one worker said,

> I don't want to stay in the Ministry, I can tell you that . . . I don't think anybody has a voice, I think, you know, you're supposed to just shut up and do what you're doing. And that's how it feels. So when we talk about strengths-based, I laugh because we're not treated in a strengths-based manner but yet they're expecting everybody to practice in a strengths-based manner . . . I laugh at the Ministry because if, a social worker, if you just give them a little thanks they'll like jump off a bridge for them, right? Would you not agree most social workers would go to the end of the earth for most people? But management doesn't seem to understand that piece. (999, INT)

Nine interviewees described management as failing to understand the principles and practice of SBP. They were seen to be unschooled in the philosophy of SBP, often misunderstanding SBP as being nice to clients, or as simply pursuing plans that kept children out of care:

> I think a lot of the managers who push strengths-based practice haven't had to do it themselves. I don't think they have a really clear idea of what it looks like when you're on the ground with the client. So people are like: oh do an FDR it's easier or it's better for the client, it's nicer. (176, INT)

A particular concern was that managers did not understand how to make SBP applicable to the child protection context. This was attributed to managers lacking knowledge about SBP, and but also to a general lack of understanding about the complexity and challenges of the child protection role.

Eight interviewees suggested that the principles of SBP ran counter to principles valued at higher levels of the organisation. These were financial expedience and a concern to limit liability and exposure to risk. Interviewees talked of many situations in which they had negotiated what they perceived to be strengths-based plans with clients, only to have them rejected by managers who were perceived to be overly focussed on minimising risks:

> Where I find it doesn't work is that, I find that that [SBP] stuff all gets minimised when it comes down to decision making and that comes from top down, it's kind of 'Well yeah she's maybe doing that fine but this is not so this is what we're gonna do.' So kinda it just gets cut off at a certain point and that's where I don't find it very successful. (266, FS)

Interviewees also spoke strongly about what they perceived as a powerful pressure to conform. This resulted in the creation of a 'yes' culture, which silenced both management and frontline workers. As one interviewee said, "right now I don't think managers have a voice, I don't think anybody has a voice, I think you're supposed to just shut up and do what you're doing. And that's how it feels." (999, INT)

The silencing of workers was important because one of the most discussed requests of management was that they engage in open, clinically focussed discussions with workers in which they were truly open to the worker's perspective and could accept feedback. As one worker said, "these philosophical, practice, reflective conversations are not happening. [Instead] they're driven

conversations based on deadlines and work volumes and response times" (248, INT). Ten people talked about the importance of this honest and open and reciprocal exchange of views. This was contrasted by several of the interviewees with examples of feeling unheard and having their views dismissed. These examples were attributed to management having different priorities or insufficient clinical and supervisory skills. As this worker described,

> the biggest struggle is . . . the lack of that clinical feedback, you know that bit of clinical environment where you have whether it be, that's created whether it be peers or it be your supervisors or it be mentors or whatever that say 'Hey, let's stop and take a look at your work y'know lets give some feedback, let's help you grow'. . . I don't have expectations for that to happen (laughs) because it's never happened, but I've said that it should happen in this field from the get go. (236, INT)

In the absence of a truly reciprocal exchange of views, there was a great deal of disagreement about case planning. Eight interviewees talked about managers making decisions with which they disagreed, often because managers did not share their intimate understanding of the client's situation. As one worker said "I'm told no all the time" (72, INT). This fed into a broader sense, discussed by 10 workers, of feeling unsupported. This was partly due to management providing insufficient practical supports to do SBP, for instance the necessary time and permission to prioritise client contact over administrative work. However most commonly it was due to a perceived lack of emotional support. Interviewees described feeling unacknowledged and undervalued by management and felt this impeded their ability to do SBP.

These experiences contrasted starkly with those of the few workers who did describe feeling supported. One said "I fall back to having a very understanding and kind supervisor"

(115, FDR), and another talked of managers who "believe in their staff . . . really trust our judgement and so when you know that you have that openness to be creative and independent . . . it opens it up for you a little bit" (323, INT). Feeling supported and listened to by management was perceived to have a direct effect on workers' ability to do SBP:

> It starts with the team leader and trying to create a positive environment and pointing out to you when you are being strengths-based. Like that's helpful for me, getting feedback and I have great relationships with everyone on the team. So we often talk about cases together and how, you know, it's just good to bounce ideas off of each other and when I'm really stuck in a case have someone else tell me: well at least this is going right for the family. You know when I can't see it for myself they're able to, to tell me (203, FS).

## Fear and Fearlessness

For sixteen interviewees fear, or lack of it, was connected to their ability to do SBP. The initial interview schedule did not include questions on this subject, but the third person I interviewed told me that fear of clients undermined her ability to do SBP. The fourth responded to my question as to what made her different from workers who did not do SBP with "fear...everybody constantly works under fear" (72). Another responded to a similar question by saying "I always feel safe in myself" (176). In the interviews and survey a few workers talked of SBP being limited by fear of the consequences of assuming risk. However it was primarily fear of clients that interviewees identified as problematic. As this began to appear as an important issue, I started asking, from the thirteenth interviewee onwards, if workers ever felt anxious or scared with clients and if so whether this affected their ability to do SBP.

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Workers described many fear-provoking situations. They talked of being confronted by clients "yelling and screaming" (243, FS), "calling names and swearing" (999, INT), being "volatile and out of control" (254, INT) and making death threats. One worker described a client who was "in everyone's face, he's got this hair-trigger temper" (89, INT) and another said of two clients "I want to tell them that I will call the cops and I will throw them in jail if they threaten me one more time" (216, INT). Two workers talked about clients having firearms, with one describing a situation in which "we were out on an intake call, the RCMP were with us, there were gunshots going off, it was just crazy" (156, FDR).

Seven of the interviewees said that there were times when they were fearful of clients and this inhibited their ability to do SBP. They all held one of the first three definitions of SBP and saw SBP as not always appropriate. They were all women under the age of 45, with an average experience doing SBP of 4.7 years. Several workers who were not in this group had talked about women having greater difficulties than men in managing SBP with clients perceived to be challenging, and one identified this as a particular issue for young women.

Several workers in this group talked about how hard it was to make a caring honest relationship with clients who were frightening. Fear could inhibit their ability to stay in the presence of clients and to persist in attempts to engage with them. It made them wary of the connection, more careful, guarded and likely to avoid client visits and to draw on stereotypes rather than getting to know clients. cFear could lead to disengagement from clients, as the worker 'got on with the job' without them. It sometimes meant that either SBP or client contact had to be abandoned altogether:

> I find in child protection when you're out there doing these investigations you're not
> received with arms open, 'Come on in' kinda thing right? So if you come into a

family's home and they do not want you there it's really hard to say 'Ok let's talk

about your strengths.' And I understand I mean that a lot of time people say 'No, no,

no you can do that anywhere and everywhere and I don't believe that. When

somebody has a gun collection sitting right there, it's not gonna happen. At that point

you're thinking 'Something shitty's about to happen and I need to get out of here'.

(323, INT)

An alternative strategy to disengagement from clients was to "kill them with kindness"

(216, INT/243, FS). This included supporting the client's right to complain, although arguably

this might be seen as another disengagement strategy as clients were redirected towards

supervisors or Quality Assurance staff. For five workers it meant being as friendly as possible

and attempting to refocus the conversation on client strengths. However two workers talked

about having limited success with this strategy, partly because "strengths-based to a parent who's

very angry . . . can come across as condescending. They don't want to have you smile, they don't

want empathy they just want you to ask your questions and get back out of there." (216, INT).

Two others talked about feeling with this approach that they were simply avoiding necessary

discussions:

Yeah, fearful of clients . . . in those situations I feel like, I think my worry with those

situations is that by being strengths-based I'm not communicating the protection

concerns as clearly, because I feel afraid of how the client's going to react so I often

really, really soften it. So I think I tend to maybe be strengths-based to a fault in a

way. Where I'm dancing around what  really the issue is and not quite being clear

about it. (203, FS)

In contrast to this group nine workers showed a quality I came to think of as 'fearlessness'. These included all those who defined SBP as 'Enacting Firm, Fair and Friendly Practice' and two of the four defining it as 'Pursuing a Balanced Understanding'. It also included two workers in the 'Supporting Client Self-Determination' group and one in the 'Connecting to Internal and External Resources' group, all of whom were notable for their view that elements of SBP were always possible. Their average age was 41.9, the average years of SBP was 14.5 and four of the nine were men.

I asked four interviewees in this group of nine workers whether they ever felt anxious or fearful with their clients. Their immediate response was 'no'. As one said, "I'm not afraid to meet clients, I don't feel like I have to constantly put up barriers . . . I don't wanna be that person who's afraid of every little thing" (86, FDR). Their case descriptions, and those of the remaining five workers, suggested fearlessness. Unlike the supports for SBP previously described, this was a quality that I perceived from interviewee stories, rather than something that they themselves explicitly identified as a support for their practice. Fearlessness was the ability to remain engaged, firm and open with clients in the face of client anger or threats. These qualities are described in the following section.

### a) Engaged

These workers tried to stay engaged with angry clients. If they needed to disengage for safety reasons they appeared willing to re-engage as soon as possible, without prejudice to the client. These workers implicitly and sometimes explicitly gave clients the message that disagreement was acceptable and they would continue to work together despite it. As one worker told clients "we have different goals. I wanna help you fulfil yours and I need to fulfil mine" (236, INT).

Being engaged with clients meant "to be in the moment with them and their experience" (254, INT). It often meant keeping talking, or, as one worker said, "a lot of it is like persuading clients, just like rephrasing things, just trying different things to get them to see how you're seeing things and it's just this constant persuasion" (86, FDR). This talk might focus on the client's anger, the worker's position or the client's wishes about how to deal with both. One example of fearless engagement was described by a worker who recounted the following story in response to my question about 'high risk' situations:

> He was clearly intoxicated when I arrived at the house and, it's funny because at one point he gave me a great big bear hug and lifted my feet off the ground and the police are looking horrified and I'm just talking him down, put me back down but as we're leaving I'm trying to be really clear about: I'm gonna call you tomorrow. And we're gonna go to court because your kids. And the police were like: stop talking, stop talking. And I'm thinking I don't want this man to wake up tomorrow morning and wonder where his kids are and what's happening with them, and what's happening with them, but, you know, for them it's like: don't anger him.  (176, INT)

### b) Firm

These workers did not back away from conflict or attempt to refocus the conversation on strengths in the face of client disagreement or anger. They remained firm about their position, purpose and the need to develop an effective relationship. Six workers talked of acknowledging the conflict and the client's unhappiness but seeking a way forward with the idea that they 'had a job to do':

Instead my approach is just kind of an aside saying 'Hey, y'know what, maybe I don't wanna come see you either, you don't wanna see me, why would I wanna see you? But I'll tell you what: I've got a boss, and I've got a supervisor and I've got management and I've got policy and I've got all this stuff hanging over my head, I have a job to do. I am supposed to meet with this criteria and nobody's gonna let me get away with it. I have to see you and they're gonna make me see you no matter what it takes.' So maybe these aren't the words I'm using when I'm talking to them, this is sort of a nutshell, but it's kinda like: 'hey, we can get this done, let's just get this done, you and I both don't wanna do it but let's just get it done. This is the only way that we're gonna end it for you and for me so let's just meet'. (INT, 72)

### c) Open

These workers appeared genuinely open to the input of angry clients and engaged in a strategy of moving between "laying it on the line and giving them the choices" (407, INT). As soon as they had stated their position they invited the client to participate in the conversation. This might be to clarify the worker's assumptions, for instance saying to an angry client "you have some good qualities, you have some, and I think, at least tell me if I'm wrong" (236, INT). More often it was inviting clients to make decisions as to the best way forward in the relationship, to say "this is what makes me feel safe and for us to work together this is what I need and what do you need?" (176, INT). As one worker explained, "I'm able to just kind of say, even if it is kind of a nasty situation: 'These are the expectations, what do you wanna do about it? Let's talk about this, where do you wanna go?' and that's in the messy ones" (72, INT).

## What Makes Workers Fearless?

When these workers talked about what made them fearless or able to remain engaged, firm and open in the face of conflict with clients they directly attributed the factors listed in Table 18.

**Table 18 Reasons for Fearlessness**

| What Makes You Fearless? | Number of Interviewees |
|---|---|
| Believing that treating clients this way is the morally right thing to do | 4 |
| Seeing clients as humans with rights and capacity to make good decisions | 4 |
| Seeing client anger as a normal and healthy fear-based response | 4 |
| Faith in my own competence | 3 |
| A history of working in the criminal justice system | 3 |
| A history of working in multiple roles in isolated communities | 3 |
| The knowledge I have prepared a safe environment: prior information, police escort, negotiating safe conditions | 3 |
| Maturity | 3 |
| Strong self-regulation skills | 2 |
| A strong personal support network | 2 |

While fear and fearlessness was generally discussed in relation to clients, it is notable that a common characteristic of the interviewees who showed fearlessness was their willingness to actively challenge decisions of their own management. As one said,

I'm rather determined. I don't like the word no. No doesn't work well for me. If ever I've had a family or a team leader or somebody tell me no, my next question is: well how could I ask the question differently? So you'll tell me yes because I must not have asked it right, and there must be some sort of policy that I can drag out to make these, make you understand what I'm trying to say, right? (407, INT)

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These interviewees clearly differentiated themselves from management and described themselves expressing and pursuing what they perceived to be good practice in the face of opposition from other parts of the organisation. Sometimes they openly stated their unwillingness to do as asked and argued for a different position. One worker described 'managing up' as a strategy of challenging decisions with which he did not agree: "When I'm on the bottom of the pole I've always managed up, I'm never going to accept that things have to be the way they are so I'm always taking issues on trying to knock, prod the system" (248, INT).

## Summary

The analysis led to several key findings. There was a high degree of support for SBP, and most workers identified as knowing about and using the approach. Knowledge, frequency of use, years of SBP experience and positive attitudes towards SBP were all positively correlated. Qualification and years of child protection practice made little difference to the ways in which workers used SBP ideas. Team membership and age was more of a factor and years of SBP experience was most closely related to the ways in which workers understood and used SBP.

Despite SBP's popularity, the majority of workers felt there were limitations to its applicability to child protection work. Many workers saw the approach as inappropriate for particular categories of client and when there were immediate concerns about child safety. The distinction between people who viewed the approach as sometimes applicable and those who saw it as always applicable was in part related to differences in the way in which workers defined SBP. I identified five distinct versions of SBP from worker's accounts of the approach. Each was accompanied by particular challenges and supports. Only one of these five versions of SBP was felt by those who used it to be applicable to all child protection situations. Some

workers changed their definition of SBP over time, moving towards an definition that was more values-based and better integrated their use of mandated authority. Few workers described the alternative to SBP in positive terms.

The confusion about what SBP meant was felt to be a barrier to its use. Other common barriers were lack of time, lack of resources and an organisational culture and management that did not adequately support the enactment of SBP. The approach was seen as difficult to use with certain clients, particularly those deemed unwilling or unable to collaborate. Balancing the supportive and risk-management child protection roles within this approach was another challenge, and a common request was for more training in how to apply SBP to child protection cases. Finally, fear and fearlessness appeared to be important factors in whether individual workers were able to take a strengths-based approach.

# CHAPTER 7 : DISCUSSION, RECOMMENDATIONS AND CONCLUSION

## Introduction

In this chapter I offer interpretations of the findings described in the previous chapter and discuss links between the findings, the literature outlined in Chapter Two and other relevant theory. I start with a consideration of the acceptance and applicability of strengths-based ideas. I then look at the different definitions of SBP, their grounding in the strengths-based literature and connections to different conceptualisations of child protection worker power. I consider the relative usefulness of these definitions of SBP and draw on developmental theories to suggest they might reflect a process of becoming a strengths-based practitioner. I then discuss the ways in which fear and fearlessness interact with the ability to do SBP. Finally I outline organisational-level implications of the study before addressing its limitations and strengths and making recommendations for future research and action.

## Acceptance of SBP ideas

Amongst the participants in this study there was a high degree of acceptance of SBP ideas. All reported knowing at least something about the approach and using it at least sometimes, and nearly all expressed positive views about its value in child protection work. This echoes findings from other studies suggesting that strengths-based ideas are being used in child protection practice and are perceived by child protection workers to be of value (Antle et al., 2012; Bunn, 2013; Department for Child Protection, 2010; Idzelis Rothe et al., 2013).

The relatively low participation rate means caution is needed with generalising these results. It is possible that those who responded were those who had most invested in the approach and that the 73% of the population who did not respond held very different views about

its value and use. It is also possible that respondents in this study were simply reproducing the normative discourse within MCFD, and the wider field of child welfare, that 'we all do SBP now'. Concerns that workers pay lip service to SBP but do not apply its ideas in practice have frequently been raised (Berg & De Jong, 2004; Blundo, 2001, 2012; Lietz, 2011; C. Rapp et al., 2006). The methodology of this study did not allow for any independent assessment of worker claims regarding their knowledge and enactment of SBP and it did not enable a meaningful interrogation of how each survey respondent defined SBP. It became clear from the interview process that workers had very different definitions of SBP and that it took time to get beneath the discourse of  'SBP is building on strengths' to tease out these differences. The brief online survey format could not provide this level of detail. As a result it is not clear exactly what it was that survey respondents were liking, knowing and doing when they said they liked, knew about and did SBP.

The fact, however, that self-perceived SBP knowledge and use did not vary across teams, age or years of child protection experience does suggest that SBP has come to be viewed as a generic approach for child protection work. It appears no longer to be the preserve of a few specialist workers on the Family Development Response teams, or of newly trained workers bringing innovative ideas into the workplace. It was notable that while several people referenced what they perceived to be a common belief that older and experienced child protection workers were hostile to SBP, this was not borne out in this study. While it is possible that these workers were under-represented in the sample, this study found that length of child protection experience made no difference to support for, use of, or perceptions regarding the applicability of SBP . Older workers indeed were more supportive of the approach.

The apparent acceptance of the ideas across workers of different ages, team affiliations, qualifications and levels of child protection experience may be a testament to MCFD efforts to promote SBP as the preferred approach to all child protection concerns. It may also indicate the successful integration of SBP ideas over the last decade into the child welfare discourse. That very few workers in this study spoke out against the principle of using SBP in child welfare work suggests that these ideas have come to be seen as relatively uncontroversial in child welfare practice.

The study found a strong association between knowledge of SBP and frequency of its use. This is likely to reflect a cyclical relationship; the more people knew about SBP the more they felt able to use it and the more they used it the more knowledgeable they felt. The same process explains the correlation between knowledge of SBP and years of SBP experience. This cyclical relationship between knowledge and action is at the heart of a pragmatist view of learning that proposes that by putting knowledge into action learners gain the external feedback they need to expand and refine that knowledge to inform future action (Biesta & Burbules, 2003).

A similar explanation for the positive interaction of action and knowledge is provided by cognitive learning theory (Bandura, 1997). When learners feel knowledgeable about an approach like SBP they are more likely to perceive themselves as able to use it successfully. This increases the likelihood that they will incorporate it into their practice. Every experience of success builds self-efficacy. This suggests the value of ongoing opportunities for 'successful' applications of SBP and for workers to reflect on and integrate those successes. Many interviewees talked about the importance of this kind of practice-based 'trial and error' learning and the value of building supports for such experiential learning into the practice environment. This is particularly

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important in light of the fact that the version of SBP that appeared to be most applicable to child protection work was also the most complex and challenging to enact.

A negative correlation between SBP use and knowledge would have been a strong indicator that SBP was disliked or deemed inapplicable to the work. The absence of this negative correlation supports the positive valence attributed to strengths-based ideas. This was directly demonstrated by the high levels of support for the approach expressed through survey responses and correlations between positive attitudes about SBP and knowledge about and use of the approach.

There was, however, an important difference between Family Development Response (FDR) workers and Family Service (FS) workers in the extent to which they perceived use of SBP to increase the risk to children. Those on FS teams were significantly more likely to believe that using SBP increased the risk. There was no difference in the demographics of workers across these teams. There was also no evidence of a broader difference in attitudes regarding use of, knowledge of or support for SBP that might indicate that workers self-selected to FS and FDR teams according to a personal commitment to a particular way of working. The difference in the perception of risk engendered by SBP is more likely to reflect the fact that FDR teams tend to deal with cases deemed to present lower risk. FS teams work with higher risk cases and must manage that risk over longer periods of time. One of the most significant challenges identified by workers in this study was managing risk while using SBP. Three of the five versions of SBP discussed by interviewees severely inhibited the ability to effectively manage risk. This makes it unsurprising that workers on FDR teams should judge the approach to be less problematic.

While this study supported concerns that the ideas of SBP are applied inconsistently (Blundo, 2001, 2012; Grant & Cadell, 2009; Lietz, 2011; Marty et al., 2001; C. Rapp et al., 2006;

Skrypek et al., 2010), they also suggest that the focus of work to address those concerns does not need to be on convincing child protection workers that SBP is good approach. Participants appeared to have no trouble in seeing it as such. In this study the challenges for workers lay rather with how to apply the approach in particular practice situations. These challenges are discussed in the following section.

**Applicability of SBP ideas**

A key finding of this study was that while respondents indicated general acceptance of and support for SBP ideas, 70% of those who could be coded on the issue identified clear limits to SBP's applicability. This runs contrary to messages in the literature suggesting that SBP is an approach that can always be employed. Its interpretation as a philosophical orientation towards strengths that attends both to strengths and challenges (Saleebey, 2012) and as a model developed with and for 'resistant' clients (Berg & Kelly, 2000; Turnell et al., 2008) supports the idea that SBP is applicable across all clients and situations. In this study however there is evidence that some workers had developed clear rules for themselves about when the approach was not appropriate and were choosing not to use the approach in these situations.

The negative correlations between the perception that SBP had limited applicability and knowledge of SBP, frequency and duration of SBP use and worker age, suggest that some of these perceived limitations might be attributed to a lack of expertise with the approach. Factors like age, knowledge and experience using SBP can all be seen as linked, either directly and indirectly, to the level of expertise and competence in SBP. As practitioners develop confidence with new skills they expand the arena in which they are applied. This is partly due to the effects of increased self-efficacy (Bandura, 1997), discussed in the previous section, which prompt

practitioners to feel able to apply their new skills more widely. The positive correlation found in this study between the belief that SBP is always applicable and positive attitudes about SBP support the idea that practitioners generalise their use of SBP as they perceive it to be helpful. Findings from the field of cognitive psychology also suggests that experience contributes to the development of an increasingly complex and accessible cognitive database of practice examples from which to draw and, with increasing expertise, to the development of principles underlying these examples (André & Fernand, 2008; Moulton, Regehr, Mylopoulos, & MacRae, 2007). As this database expands, so does the practitioner's ability to adapt the knowledge it contains to a broader array of new situations.

The many examples of SBP's inapplicability offered in this study can be seen as evidence of worker failure to adopt a sufficiently strengths-based approach. Saleebey (2012) talks of the emphasis on pathology leading to "the metamorphosis of the person into the disorder itself" (p. 4) and it is certainly possible to see worker declarations that SBP does not work with entire groups of clients as an example of this. It is possible to maintain that if a worker was more competent or efficient in connecting clients to their motivation, resources and community there would be no situations in which they felt using SBP did not work.

In this study, however, age, knowledge and duration and frequency of SBP use had only a small effect on variance in beliefs about SBP's applicability. This suggests that perceived limitations to SBP's use may not simply be attributed to a lack of competence with the approach. The majority of practitioners did not see their competence as being a significant barrier. Indeed twice as many respondents thought SBP was always possible and not hard as thought it was not always possible and hard.

This casts a different light on discussions in the literature regarding the inconsistent implementation of SBP. Researchers have frequently recommended more training to better prepare practitioners to do SBP (Antle et al., 2008; Idzelis Rothe et al., 2013; Lietz, 2011; Skrypek et al., 2010). This is certainly likely to encourage the wider application of SBP ideas, and was identified as necessary by 20% of those who responded to the survey question about required supports for SBP. However, it addresses only one part of the implementation issue. Inconsistent implementation may be linked not only to practitioners finding that they cannot do SBP, but also to practitioners having clear ideas about when they *should* not use the approach.

Participants in this study identified a range of clients and situations for which they believed SBP was not an appropriate response. The most commonly cited were those clients deemed to be unwilling to work collaboratively, to which group can be added clients who denied concerns and who were aggressive or hostile. There are a number of ways to interpret this. One is that respondents see SBP as a set of skills that must be enacted with a client, rather than as a philosophy about how to approach the work. This becomes problematic with clients who physically absent themselves and avoid contact with the worker. Solution-focussed approaches may have been developed with involuntary clients, but they were at least clients who showed up to the therapeutic encounter. Negative cultural attitudes to child protection workers and concerns about the ramifications of intervention increase the likelihood that clients will seek to avoid worker contact. For workers who define SBP entirely in terms of what they do with clients, this means that SBP can never be a universally applicable approach.

A second reason for the perception that SBP has limited applicability is that many respondents may be attempting to implement the traditional Kansas school understanding of SBP described in see Chapter Two rather than approaches adapted for child protection work which

draw on solution-focussed ideas and integrate the use of authority. This interpretation is supported by the interview findings relating to the different definitions of SBP and discussed in greater depth in the following section. The Kansas school emphasis on client self-determination and voluntary participation in the strengths-based relationship makes it difficult to see how such a relationship might be made against the will of an involuntary client. In contrast, solution-focussed therapy provides strategies for working with resistance and has informed child protection models like the Signs of Safety that acknowledge the conflicting interests of client and worker and do not require clients to acknowledge child protection concerns.

The findings in this study suggest that despite attempts in child protection adaptations of SBP to integrate the use of authority and to support workers to be clear about and maintain 'the bottom line', SBP is still seen by many as a solely collaborative and supportive approach. This would explain why some workers felt that SBP was inappropriate when action had to be taken to secure a child's immediate safety. In these situations there is little time to develop collaboration and worker action may be perceived by the client as wholly unsupportive. It would also explain why some workers identified SBP as inappropriate with clients from a range of groups who tend to be seen as requiring authority-based responses. These included those who had sexually abused children, those who had deliberately or severely harmed children, sociopaths, psychopaths and those with a criminal history. It is possible that these constitute categories of clients with which workers have difficulties on a moral or emotional level making the kind of collaborative supportive relationships envisaged within SBP. Finally, the introduction of SBP in concert with the Family Development Response model may have created a lasting impression that SBP is only for voluntary clients. The two approaches may remain linked in the minds of workers, despite

attempts by the Ministry to broaden SBP to all teams and invoke its use at all times in the life of a case, including during investigations.

Some workers also identified SBP as inappropriate with clients who were perceived to lack the ability to engage in strengths-based relationships. Clients with limited cognitive capacity, including people with cognitive disabilities like FASD, were identified as a group for whom SBP was inappropriate. Others suggested that SBP was not an appropriate approach to use with clients with mental health difficulties and substance use issues. This is an interesting finding in light of the fact that the roots of both the Kansas and solution-focussed traditions of SBP lie in work with people with severe and long term mental health problems and both have been used extensively with people with addictions (C. Franklin et al., 2012; Saleebey, 2012). However some workers talked of clients with mental illness, substance use issues or cognitive disabilities as having difficulty prioritising their children's needs and lacking the cognitive skills to assume the role of 'client as expert' and construct an effective safety plan. The perception that SBP was ill-suited to these challenges may also indicate that they are seen as factors increasing risk of abuse and neglect and reflect the broader concern about using SBP in situations of high risk. Alternatively it could reflect practitioner discomfort and a feeling of being ill-equipped to work with clients whose challenges have often been stigmatised.

Finally, some workers saw this approach as inappropriate when there was a continued risk of violence or aggression. It is possible that workers perceive the open collaborative stance of SBP as providing them with insufficient safety in the face of client hostility. Some workers talked of the difficulty of making strengths-based relationships with people they found difficult to accept and engage as a result of their violent behaviour, and the role of fear and fearlessness is discussed in more depth later in this chapter. Cases involving family violence were explicitly

identified by a small number of workers as meriting an alternative approach. Bunn's (2013) comment that some workers doing Signs of Safety felt they needed to pay more attention to the risks involved in family meetings in cases of family violence suggests that there may be a perception that the central SBP concept of working with all adult members of the client's network does not create sufficient safety for women and their children.

These heuristics about situations in which SBP is inapplicable help to explain the finding that workers on Intake teams were significantly less likely to see SBP as appropriate in every situation than those on Integrated teams and significantly more likely to believe that SBP is not the right approach for some clients than workers on FDR teams. That the study found no differences in worker demographic characteristics, self-reported SBP knowledge or frequency or duration of SBP use across team types suggests that the difference was related to context rather than competence. Intake workers tend to enter a client's life at a time of crisis when the child's immediate safety is a primary concern and client issues like substance and mental illness are at their most acute. They often need to take immediate action to secure the child's safety and do so without having had the chance to develop a meaningful relationship over time. Initial encounters with clients are often by characterised by hostility, anxiety and fear (Gallagher et al., 2011; Holland, 2000; Schreiber et al., 2013). These are the situations for which many workers said the ideas of SBP did not apply.

The effect size for these differences was small, however, and the differences faded to non-significance when the analysis took into account situations in which SBP was deemed not possible and comments in other parts of the survey indicating implicit rules regarding situations in which SBP was inappropriate. It is possible that while those on Intake teams had developed clearer explicit attitudes regarding SBP's inapplicability, workers on the other teams often find

that despite their explicit attitude that SBP is always appropriate, in *this* situation, for *this* client SBP did not apply. It is curious that the perception of applicability was not affected here by team membership, as it might be hypothesised that those on FDR teams would see the approach as more generally applicable. They deal with the lower risk cases and (at least nominally) more cooperative clients for which many in this study identified SBP as appropriate, easy and effective. This suggests that while team membership, worker expertise, client profile and the point at which workers intervene in the life of a case may all play a part in the worker's assessment of whether it is possible and appropriate to apply the ideas of SBP, there are other factors at work which cut across these variables. One such factor identified in this study was the way in which SBP was defined.

**Different Definitions of SBP**

I identified five distinct versions of SBP in interviewee descriptions of the approach. Each was linked to particular challenges and support needs and those holding each definition had very similar views regarding its applicability to child protection work. The five definitions of SBP are labelled 'Relating therapeutically', 'Supporting client self-determination', 'Connecting to internal and external resources', 'Pursuing a balanced understanding' and 'Enacting firm, fair and friendly practice'. These labels reflect the core and distinctive concern of each definition although, as described in the Chapter Six, each definition is more complex than the core concern captured in its title. It is important to note that each of these versions of SBP picks up on at least one significant strand of the diverse literature regarding the values and activities of SBP and in that sense they can all be seen as valid interpretations of SBP ideas. They are clearly, however, not all equally useful for, or applicable to, child protection work.

***The Three Least Applicable Definitions of SBP***

The first three definitions described in Chapter Six are all rooted in the strengths-based, solution-focussed literature. The 'Relating therapeutically' version of SBP portrays the quasi-therapeutic worker-client relationship as the source of client motivation and means to connect clients to inner resources by which child safety issues might be resolved. It draws heavily on the ideas of resilience and empowerment and the key role of client beliefs, a caring relationship and opportunities for participation that have made an important contribution to the Kansas strengths perspective. Its focus on the therapeutic strengths-focussed worker-client relationship and the use of compliments is reminiscent of solution-focussed work. The 'Supporting client self-determination' version of SBP frames the worker as having a more limited facilitative role. It picks up on the central idea from the Kansas school of the worker's role in connecting the client to a community rich with informal resources. It emphasises the strengths-based value, common to both the Kansas and solution-focussed traditions, of faith in client capacity and the motivating power of goals developed by the client and embedded in her perspective.

The 'Connecting to internal and external resources' definition of SBP comes very close to the Kansas model of strengths-based case management (Marty et al., 2001). It reflects that model's central ideas of social workers acting "'travelling companions' to persons in need" (R. Rapp & Lane, 2012, p. 150), of the worker-client relationship being an important, but not sufficient mechanism of change, and of the importance of work to assertively engage the client's community. Both this and the 'Supporting client self-determination' versions include the use of tools like exceptions and scaling questions that originated in the solution-focussed field but have been incorporated into a more generic strengths-based approach (Saleebey, 2012).

A clear message from research into parental engagement in child protection is that clients want workers to recognise and support their strengths (Ghaffar et al., 2012; Keddell, 2012; Schreiber et al., 2013). While all three of these versions of SBP enable workers to do this, they are otherwise ill-suited to child protection work. All workers in these groups attempted to use SBP to address identified risks and were clear with clients about child protection concerns, their role and expectations. However these versions of SBP relied on some measure of consensus with clients as to those risks and the need to address them. When SBP was framed as a purely supportive approach clients needed to be open to receiving support. These versions of SBP did not help workers to be critical of client actions, to be directive in the event of conflict or to say no to client plans. This left workers unable to address the problem of what to do when the identification and amplification of strengths was insufficient to address risks to a child's safety.

These purely supportive and collaborative approaches to mitigating child protection concerns will inevitably fail at times in child protection work. One reason for this is that resources, both to support client-generated plans and to provide workers what they need to support clients, are limited. Lipsky (2010) describes limitations on time and resources as inherent to all public services; demand for service expands until capacity is reached. The problem of resource scarcity has been intensified over the last thirty years by the restructuring of child welfare services in line with neo-liberal and residualist ideas (Scarth & Sullivan, 2007; Smith & Donovan, 2003). Meanwhile, the needs of child protection clients are often complex and the cultural positioning of child protection work can act as a disincentive to collaboration. This means there will be times when connecting clients to inner or outer resources requires immediate and extensive work and take more time and money than a child protection worker reasonably has available. More time and resources were the top two factors workers in this study identified as

needed to support workers to do SBP. Any version of SBP therefore, that relies solely on a supportive collaborative stance will not work in all situations for reasons related to the context of child protection work rather than simply the competence of individual workers.

It can be argued that nothing prevents those workers holding one of these definitions of SBP from switching to an alternative approach when this is necessary to address risks that cannot be managed from a purely strengths perspective. This is indeed what workers in these groups described themselves doing and can be seen as an important reason for SBP's inconsistent implementation. When workers hold one of these definitions of SBP, the inconsistent implementation of SBP should be seen as a rational and appropriate response to attempting to apply the ideas of SBP in the child protection context. Saleebey himself has said that there is nothing in the strengths perspective that prevents it from being used with other frameworks and that "I don't think it is prudent to give up the deficit model of the human condition or the problem-based approach to helping" (2012, p. 290).

The difficulty is that strengths-based writers from both the Kansas and solution-focussed traditions have advanced the argument that SBP requires the worker adopt an entirely new paradigm rather than simply seeing it as an addition to other frameworks (Blundo, 2001, 2012; Corcoran, 2005; Graybeal, 2001). It has been defined as an all-encompassing perspective:

> Practicing from a strengths orientation means this – *everything* you do as a social worker will be predicated, in some way, on helping to discover and embellish, explore and exploit clients' strengths and resources in the service of assisting them to achieve their goals, realize their dreams, and shed the irons of their own inhibitions and misgivings" (Saleebey, 2012, p. 3).

This is unproblematic if SBP is defined, as in the Signs of Safety approach, as incorporating a focus on risk management and the judicious application of authority. It is very problematic for those child protection workers who hold any other definitions of SBP.

SBP theorists have criticised the overvaluing of factual information, characterised worker skepticism as an unhelpful "protective manoeuvre" (Saleebey, 2012) and described power conflicts as the product of worker intransigence (Kisthardt, 2012). Recent papers are explicit about the theoretical incompatibility of person-centred strengths-based approaches and statutory work (Murphy et al., 2013) and of SBP and a concern with child protection client compliance (Mirick, 2013). It is easy to dichotomise SBP and more forensic child protection models predicated on ideas that the management of risk in child protection work requires the careful evaluation of evidence, the rational calculation of probabilities and the judicious use of authority. Workers in this study showed this tendency to dichotomise SBP and alternative approaches which were often described with emotionally loaded language as being punitive, authoritarian and focussed on client failings. Rather than SBP and its alternatives being seen as a range of possible approaches about which workers were emotionally neutral and from which they could choose the most appropriate response, the alternatives to SBP tended to be characterised as synonymous with bad practice. This is understandable in light of the somewhat evangelical zeal often used to promote SBP. It does, however, make the concurrent use of SBP and other frameworks harder to imagine.

With the exception of literature regarding models like the Signs of Safety that have been adapted specifically for child protection work, there is little help in the strengths-based literature about *how* SBP can be reconciled with other ways of thinking. This is problematic in light of what is known about cognitive dissonance. A substantial body of evidence in social psychology

indicates that people generally seek consistency in their beliefs and that holding conflicting cognitions creates discomfort known as cognitive dissonance (Festinger, 1962; Harmon-Jones, Amodio, & Harmon-Jones, 2009). We attempt to resolve this dissonance by reframing inconsistent cognitions to become consistent or rejecting one in favour of the other. We will tend to evaluate the rejected choice more negatively in order to bring attitudes into line with behavior, and this inhibits our ability to access rejected cognitions in the future. In child protection work this process can be seen to contribute to the failure to take into account and integrate disconfirming information (Gambrill, 2006; Munro, 1999) and to militate against deft transitions between a purely supportive strengths-based approach and a more forensic approach to risk and the use of authority.

The effects of cognitive dissonance can be seen at work in the actions of those in this study holding one of the three more limited definitions of SBP. Those holding the 'Relating therapeutically' definition of SBP eloquently described the feelings of betrayal and disruption prompted by attempts to shift from one position to another in their relationship with clients. This abrupt switching between the strengths and risks "tracks" has been attributed to their insufficient theoretical and practical integration (Calder, 2008a). In the absence of an overarching cognitive framework allowing workers to reconcile SBP and a more traditional risk management approach, they can become stuck in one or the other position or lurch confusingly between the two.

.        One strategy described by workers in this study to resolve dissonance between the two approaches was to reject even the possibility of a strengths-based approach with groups of clients and situations that appeared to present higher risk. This rejection became codified in a set of rules about when SBP was inapplicable. This led those holding the "Relating therapeutically" definition of SBP to use the approach in a decreasing number of situations, and all but one of

those holding the 'Supporting client self-determination' and 'Connecting to internal and external resources' to assert that the complete SBP approach was impossible unless clients showed a particular level of willingness and ability to collaborate.

An alternative strategy was for workers to hold on as long as possible to a purely supportive frame. This could be seen in the concerns that SBP led them to gloss over risks in conversations with clients, to support safety plans that did not feel sufficiently safe and to have difficulty managing the emotional fallout of changing their position with clients. Having invested so much in the supportive relationship it became very hard for them to switch to a stance that might be more critical or directive, even when they felt this was necessary. The tendency to under-identify risk, to adopt the most optimistic explanation, to suspend justifiable scepticism, to elevate the goal of preserving the worker-client relationship above the goal of child safety and to watch but not intervene in risky situations can all be seen as contributing to 'professional dangerousness' (Calder, 2008a; Dale, Davies, Morrison, & Waters, 1986). This has been defined as "the process whereby professionals involved in Child Protection work can behave in a way which either colludes with or increases the dangerous dynamics of the abusing family " (Morrison, 1990, p. 262). Such collusion is exacerbated by stress, fear, unacknowledged feelings about the client, the assumption that clients cannot hurt their children and the failure to accept child protection work's social control function (Calder, 2008a). It has played a well-documented role in child abuse tragedies (Reder, Duncan, & Gray, 2006; Turpel-Lafond, 2012).

This problem of insufficiently addressing risk appeared to be exacerbated by the linkage of the language of client capacity and self-determination to an organisational agenda of efficiency and retrenchment. This linkage was particularly clear for those holding a 'Supporting client self-determination' definition of SBP which emphasised keeping social work intervention

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to a minimum and children out of care. In the context of the under-resourcing of client-led safety plans this approach can mean the structural roots of child safety issues are ignored (Gibbons & Gray, 2002; Gray, 2010, 2011; Roose et al., 2012) as clients are left to "responsibilise themselves" (Roose et al., 2012, p. 11). It can lead workers to adopt an uncompromising stance about the need for children to be with their families that results in children being returned to or left in unsafe homes (Turpel-Lafond, 2013). It also fails to take into account findings that some children describe their time in care as necessary and welcome (Munro, 2011) and that some families value ongoing social work intervention (Ghaffar et al., 2012; Keddell, 2012). As Keddell (2012) states, in many cases "the idealized supportive extended family is a 'mythical family', and social service agencies quite literally become this extended family in the absence of other supports" (p. 612). The inability of workers to fill gaps between client capacity and the goal of children being cared for safely within the family unit led to workers in all three of these definitional groups to feel exhausted, ineffective and anxious.

### *Pursuing a Balanced Understanding*

The 'Pursuing a balanced understanding' version of SBP appears very similar to the 'strengths perspective' (Saleebey, 2012) described as a standpoint for thinking about clients and the work to be done with them. Common to the strengths perspective and the 'Pursuing a balanced understanding' SBP are a position of curiosity and openness and the continuing commitment to understand the client within the broadest context possible. While those holding this definition used strengths-based tools and processes, it was the ecological philosophy of this approach that they discussed at greatest length.

Those holding a 'Pursuing a balanced understanding' definition of SBP appeared to have conceptualised SBP in a way that resolved much of the cognitive dissonance previously described. They did not need to go outside SBP to employ a risk assessment framework as they understood SBP to incorporate the interrogation of both strengths and risks. They employed ideas of balance and context to reconcile apparently dissonant supportive and evaluative roles. By seeking balance between a client's strengths and risks, they could accommodate both and by continually contextualising the clients situation they were able to conceive of clients holistically. In doing so they appeared largely successful in achieving the "both, and" perspective which has become more prominent in more recent writing of the Kansas school and has been used to defend SBP from critics who accuse it of ignoring client problems (Blundo, 2012; Kisthardt, 2012; Saleebey, 2012). This presents SBP as a way of achieving balance between a focus on problems and solutions, while recognising, as participants holding this view in the study described, that the cultural ascendancy of a problem focus means considerably more work must be done to unearth resources than problems.

These concepts of balance and a contextualised understanding are also central to child protection adaptations of SBP like the Signs of Safety (Turnell & Edwards, 1999) and safety-oriented practice (Berg & Kelly, 2000). The explicit intent of such approaches is to balance attention to solutions and to challenges, to risk and to safety, in order to walk the fine line between naive and punitive practice. These approaches discuss the need for the worker to remain curious, receptive and open and to ask questions that enable the meaning of the client's behavior to be understood within a broader context. This enables the worker to "expand the picture" (Turnell and Edwards, 1999) rather than prematurely adopting a perspective that shuts down possibilities.

Those holding this definition of SBP clearly described it as a helpful perspective for child protection work and one that was applicable much of the time. However they still struggled with the question of how to balance supporting the client and addressing risk. They also struggled to account for the directive use of authority when their position of curiosity and openness did not elicit from clients sufficient strengths or consensus to keep a child safe. Acting against the client's will was perceived as problematic and appeared to require them to step outside of SBP to use a different approach. As with the previously discussed less expansive definitions, the dichotomising of SBP and the directive use of authority leaves this group vulnerable to the effects of cognitive dissonance. It raises the risk of over-using or under-using their mandated authority as an attempt to resolve the dissonant approaches and perhaps explains why this group were so vocal about the importance of skilled clinical feedback to support them to maintain appropriate balance.

### Enacting Firm, Fair and Friendly Practice

Those who defined SBP as 'Enacting firm, fair and friendly practice' had incorporated the use of authority into their understanding of the approach and this enabled them to see SBP as applicable to all situations. Their understanding of SBP appeared very similar to that described in the strengths-based solution focussed child protection literature, and in particular to the Signs of Safety model. Indeed these workers might be described as fully implementing a Signs of Safety approach.

The 'Enacting firm, fair and friendly practice' definition of SBP went beyond the idea of achieving a balanced understanding of the client to the idea of achieving a balanced practice. Workers navigated a continually shifting balance of collaboration and directiveness. When

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clients were actively engaged and able to exercise self-determination workers maximised collaboration by taking a position in which they followed the client's lead. They used solution-focussed questions and a great deal of listening to the client's perspective to identify and leverage client strengths to create safety in much the same way as workers in the other groups. However, unlike workers holding the other definitions of SBP, when they assessed that clients were not able to exercise this level of self-determination they became more directive and interpreted this as being within the boundaries of SBP. An important part of SBP was knowing when to downsize expectations of collaboration, reframing it to mean client participation in small decisions about process rather than bigger decisions about the nature and content of safety plans.

This fluid relationship with power reflects Turnell and Edward's (1999) position that rather than being mutually exclusive, partnership and paternalism can co-exist as two ends of a continuum. They maintain that the good worker will move up and down this continuum with the client over the life of a case, rarely altogether avoiding using some element of coercion. For workers in this group the idea of client-as-expert did not reduce their own perceived power. While they recognised the client as expert in their own situation, they combined this with the perception that they also had expertise and, as described by Berg and Kelly (2000), they could offer this as a resource for collaborative work. The relationship proceeded through an ongoing process of negotiation of the client's and the social worker's immediate and longer term goals.

This is the "both/and" position advocated by Saleebey (2012), but extended to the co-existence of worker expertise and power with client expertise and authority. Signs of Safety studies have found that framing collaboration in this way does not entirely lay to rest concerns about effective risk management. In Minnesota some practitioners were cautious about adopting Signs of Safety as they felt it may increase risk (Skrypek et al., 2010) and some stakeholders

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expressed concern that the approach left children at home too long, inadequately addressed child neglect concerns and lacked 'teeth' when parents did not respond (Idzelis Rothe et al., 2013). However, in one survey of workers using Signs of Safety in Australia only 4% of workers identified risk management as a concern and another in New Zealand found workers apparently effectively engaging in a dual process of looking for exceptions while monitoring risks (Keddell, 2012). This supports the view of workers in the 'Enacting firm, fair and friendly practice' group that an understanding of SBP that incorporates both supportive and directive functions is well-suited to child protection work.

For the 'Enacting firm, fair and friendly practice' workers paternalism and partnership, care and control, were reconciled through the very explicit position that both were necessary for them to perform their child protection role. This harks back to the relational model held by figures like Perlman (1957) and Hollis (1964) which relied on precise communication, persistence, faith in practitioner *and* client expertise and a great deal of attentiveness to the use of self and management of negative transference. The approach also reflects themes in the mandated relationship literature described in Chapter Two regarding the importance of ongoing negotiation and the constant contextual calibration of authority and support (Rooney, 2009; Trotter, 2006). In shifting between reinforcement for strengths and assertiveness in setting limits, the 'Enacting firm, fair and friendly practice' group can be seen create the microclimate of sanctions and awards (Harris, 2008; Trotter & Ward, 2012) deemed effective with mandated clients.

The ability to maintain relationships with clients in which workers moved to and fro between inviting collaboration and purposefully using their authority rested partly on their attentiveness to the worker-client interaction. Workers in this group appeared to show great

sensitivity to the conditions for productive communication and to tracking, reflecting and checking client meaning. This attentiveness is promoted explicitly in the solution-focussed strengths-based literature which remains heavily influenced by its roots in a therapeutic approach and frames the worker-client relationship as one that needs to be tended skilfully. As Turnell & Edwards (1999) state, "it is the small increments of careful interaction that are the fundamental building blocks of creating cooperation between worker and family" (p. 137). This attentiveness to the interaction is frequently promoted implicitly in the same literature by a focus on the skilled use of solution-focussed questions and extensive case examples focussing on therapeutic dialogue between worker and client.

The three other elements of this version of SBP which supported the worker to navigate their dual role are discussed below. All link to important themes in the solution-focussed strengths-based child protection literature, although arguably extend these ideas beyond the ways in which they are typically used.

### Being Transparent

There are few texts on strengths-based practice in child protection work that do not urge the worker to be honest, open and clear about the nature of the child protection concerns, the worker's role with the family and their goals and expectations. As Berg and Kelly (2000) point out, this transparency is intended to address the problem that the most common complaint by child protection clients is that they do not know what is expected of them. Workers are encouraged to be clear about what is negotiable and non-negotiable and to provide enough information to ensure that clients make informed choices and understand the consequences of those choices. This is an important step in establishing trust with parents in any child protection

encounter (Gallagher et al., 2011; Ghaffar et al., 2012) and, as described by workers in this study who held the 'Enacting firm, fair and friendly practice' definition of SBP, is the foundation of the strengths-based worker-client relationship (Turnell & Edwards, 1999).

Some of the workers in this definitional group, however, appeared to go further than is typical in discussing with the client their dual role, the inequality and non-consensual nature of the relationship and the possibility of disagreement with the client. In doing so they echoed a strong message in the mandated relationship literature regarding the centrality of transparency regarding the worker's authority and dual role (Rooney, 2009; Trotter, 2006; Trotter & Ward, 2013). This enables worker and client to adjust their expectations of the relationship on an ongoing basis, with congruent expectations playing a large role in whether worker action is perceived by the client to be an expression of coercion or care (Svensson, 2003). There is, however, little focus in the strengths-based child protection literature about moving beyond initial explanations of the worker's role and authority to use immediacy throughout the life of the case to discuss the shifting nature of the worker-client relationship itself. It appears that this level of transparency might support workers to navigate the relational dynamics as they move between collaborative and directive positions.

### *Judging Impartially*

For workers in this group the fairness in the 'Firm, fair and friendly' relationship relied on their ability to make impartial judgements. This meant seeing both sides of the story, remaining receptive and open to the client, judging them as holistically as possible and ensuring emotional reactions and preconceptions did not get in the way. The solution-focussed strengths-based child protection literature describes at length the ability to be open to multiple perspectives, to

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understand the context in which they are embedded and to change lightly held judgements in the face of new information. It is framed as a means of ensuring relationships remain collaborative, productive and motivating while still acknowledging the inherently normative and evaluative nature of child protection work. In this study this ability appeared to support workers to move back and forth between asserting authority and inviting maximum client collaboration.

Solution-focussed strengths-based child protection writers have emphasised these practices and abilities, but have tended not to name them explicitly as elements of impartiality or fairness and to examine the place of these concepts in the work. This is surprising in light of emerging research from the field of community criminal justice about the importance of fairness in officer-offender relationships (Kennealy, Skeem, Manchak, & Eno Louden, 2012; Skeem et al., 2007). This draws on the idea of procedural justice (Blader & Tyler, 2003) to suggest that relationships perceived to be "firm, fair and caring" result in lower recidivism rates (Skeem, et al., 2012). The researchers hypothesise that when relationships are perceived to be fair, clients are more likely to follow the rules. They also propose that workers who balance care and control are able to draw from a wider range of strategies to influence client behavior and to offer clients a wider range of acceptable responses including following the rules and asking for help (Kennealy et al., 2012).

An important part of SBP for workers in the 'Enacting firm, fair and friendly practice' group was being able to regulate their emotions and maintain sufficient emotional distance that they could thoughtfully and calmly weigh competing perspectives. Emotional reactivity was perceived to impair their ability to be present for and receptive to the client and to make fair judgments. This meant that impartiality required sophisticated self-regulation skills and a great deal of reflexivity on the part of the worker. This emotional element of impartiality is not

generally discussed as important to strengths-based practice. It was, however, highlighted in one recent study eliciting parent perceptions of what is needed for engagement with their child protection worker (Schreiber et al., 2013). Parents valued workers who demonstrated impartiality in their judgements and were calm, non-anxious and non-reactive. These findings led the study authors to state the need for child protection workers to regulate their emotions and to recommend training that incorporated "anxiety-reduction techniques such as relaxation techniques (focusing on reducing muscle tension), visualization and imagery, diaphragmatic breathing, stress inoculation (functional patterns of self-talk), and meditation" (p. 713). This suggests there is a need to draw clearer linkages between the ability to do SBP and evidence that child protection workers need emotional support and containment (Ruch, 2007), and to explore further how the cognitive and emotional elements of impartiality contribute to the approach.

### Seeing Clients as Human

For workers holding the 'Enacting firm, fair and friendly practice' definition of SBP it was important to think of clients as fellow human beings. For them this engendered the sense of respect and caring inherent to strengths-based work. The idea appeared to be more salient than exhortations to see the client as experts or equals, which are more common in the literature and are intended to have the same behavioural effect of promoting acceptance and positive regard for the client. Seeing clients as fellow human beings appeared to be an integrative idea in that it helped workers to accept that clients had both negative and positive features. It might be seen as the end point of the contextualisation process whereby client behavior could be more readily understood because it had been placed in the context of their humanity. This helped workers to feel connected to their clients, as they too made mistakes.

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This humanistic orientation is important to strengths-based and solution-focussed practice. It supports the worker to maintain the belief in the client's capacity to access solutions with the support of the strengths-based relationship and enhances respect and empathy. Cadell and Grant (2009) suggested that workers might avoid pathologising clients and better enact SBP if they could normalise their own struggles as part of the human condition. The Kansas model in particular emphasises the inherently human nature of our capacity for resilience and growth. As Kisthardt (2012) said, "By realizing that there is more in our shared experience as human beings that make providers more like participants than different from them, we gain the courage to be warm, caring, empathic, and genuinely affirming of people's own visions" (p. 66).

However, beyond occasional messages about "honouring the strengths and humanity of the parents" (Turnell et al., 2008, p. 114), or avoiding "dehumanizing or demonizing" clients (Turnell & Edwards, 1999, p. 158) the solution-focussed strengths-based child protection literature has made little explicit use of the idea that clients and workers share a common humanity. This idea has been more widely applied in relational social work, often to encourage workers to interact with clients in a more authentic and intimate way. The worker is asked to "lay aside professional masks, to be human and down-to-earth" (De Boer & Coady, 2007, p. 41), because "allowing the worker their own humanity, history and emotionality in the work alongside that of family members arguably allows for mutuality of engagement, empathy, empowerment and self-development, and may give added vitality to the work" (Lefevre, 2008, p. 81). This appears to be one element of the 'Enacting firm, fair and friendly practice' version of SBP that draws on ideas from the relational social work literature rather than from mandated practice approaches.

**Authority: The Use of Professional Power**

Those who defined SBP as 'Enacting firm, fair and friendly practice' had integrated into their definition of SBP their use of mandated authority. They did not see their professional power as problematic and indeed identified comfort with their authority as a key factor enabling them to do SBP. They described themselves as both exercising professional power over clients and constantly inviting clients to exercise their power.

This group's descriptions of their complex and constantly shifting relationship with power reflect the reconceptualisation of power in recent social work literature (Bundy-Fazioli, Briar-Lawson, & Hardiman, 2009; Bundy-Fazioli et al., 2013; Tew, 2006). There have been calls for social workers to move away from understandings of power as an entity that is owned by individuals or exerted through structural forces beyond individual control. These understandings tend to define power as a uni-directional and stable force operating upon a particular individual or group labelled as powerless. They have contributed in social work to a tendency to see the operation of professional power as inherently problematic and inconsistent with such ideals as self-determination and empowerment (Bar-On, 2002).

The Kansas tradition of SBP has often replicated this somewhat simplistic understanding of power. Workers have been encouraged to adopt a position in which power is shared with clients, with the strengths-based relationship being oriented to giving clients the power to determine their own fates. The social worker is a facilitator of client self-determination and works to increase the client's agency through empowerment strategies. The worker is encouraged to reject the title of expert and to envisage expertise lying instead with the client. It is this kind of relationship with power that those holding all definitions of SBP except for 'Enacting firm, fair and friendly practice' appeared to envisage.

The problem with this perception of power is that it appears to reflect neither the worker's nor the client's reality in child welfare work. Dumbrill (2006) found that even in situations in which the involvement of clients was voluntary, clients still perceived workers to, at best, exercise a combination of hierarchical "power over" and collaborative "power with" them. He argued against the idea that "coercion and casework can be separated in child protection intervention" (p. 35). Likewise Bundy-Fazioli et al (2009) found that clients of child welfare services did not have an ongoing experience of shared power with their worker and questioned whether this was even a possibility. Instead, both clients and workers talked of simultaneously experiencing a hierarchical power relationship and one in which power was negotiated and reciprocal. The question of power is further complicated by evidence that even when they nominally hold positions of power over clients, many workers feel powerless (Bar-On, 2002; Bundy-Fazioli et al., 2009).

These descriptions of the dynamics of power between worker and client suggest that power in child protection work should be conceptualised as a relational and fluid entity. This is how those in the 'Enacting firm, fair and friendly practice' group described it and reflects ideas from solution focussed therapy, discussed in Chapter Two, in which the practitioner assumes a 'one down' position both as a strategic move and as part of a genuine commitment to client self-determination. Tew (2006) defined power as 'a social relation that may open up or close off opportunities for individuals or social groups' (p. 40) and was neither inherently good nor bad. He saw social workers as having the potential to simultaneously exercise power productively and oppressively and both over and with clients. He suggested that rather than denying or trying to invert the hierarchical power they hold over clients, workers might do better to acknowledge that it can have an important protective function while focussing on opportunities to shift as much as

possible to what he called "co-operative power". This is the power of collective action, based on mutual support and challenge. It can only be negotiated through a dialogue that acknowledges both commonalities and differences between the parties.

Much like those workers in the 'Enacting firm, fair and friendly practice' group who had found ways to reconcile authority and collaboration in SBP, the social work theorists described in this section advocate an ongoing negotiation of decision-making power. From the outset of the relationship, worker and client discuss their perceptions of the different power they hold (Dumbrill, 2006). Without this transparency workers doing SBP have the potential to use their power collusively, suppressing real differences and creating the potential for clients to feel betrayed when it is necessary to act against their will.

This raises the question of what conditions might enable both worker and client to be engage fully in this negotiation, to discuss power without being silenced by it. Houston, Spratt & Devaney (2011) suggest that creating such conditions for ethical discourse in child welfare includes ensuring parties to the discussion have the right to inform the agenda, to challenge assertions and to speak plainly. In addition, "attention should be given to creating the most conducive physical surroundings and organizational ambience" (p. 294), to advocating for those who hold marginalized views and to attending to the potential for the reproduction of power through language. It is possible to see the 'Enacting firm, fair and friendly practice' version of SBP as a means to create such conditions with clients. The attention to the minutiae and context of the interaction between worker and client, the transparency about the relationship and expectations, the explicit and ongoing attempts to honour the client's perspective and to invite participation can all be seen as creating conditions in which not only power, but the worker-client interaction and child protection plan, might be ethically discussed.

There is still the question of how to support child protection workers to develop comfort with, and learn to skilfully exercise, their power when the social work profession has such ambivalence towards authority (Bar-On, 2002; Bundy-Fazioli et al., 2013). It is telling that in the 152 core competencies identified by the Council of Social Work Regulators for entry-level social workers in Canada in 2012 only two spoke, with little specificity, to competence in the use of authority. One laid out the expectation that workers be able to "identify issues regarding involuntary clients and consent" and the other that they "identify and manage the dynamics of power in the social work relationship". This study suggests, however, that helping child welfare workers to engage thoughtfully with, and to feel confident in, the multi-dimensional nature of their power is a key support for SBP. Workers holding the more expansive versions of SBP credited a comfort with their authority, confidence in their abilities and a clear sense of their mandated purpose as support for their practice. As Bar-On (2002) argues, "If social workers are to help their clients, then they must master the discourse of power and use it effectively" (p. 998).

It may be no coincidence that three of the four workers who described themselves as holding the 'Enacting firm, fair and friendly practice' were men. It is likely that the same reproduction of structural power relations that sees a disproportionate number of men achieve senior positions in social work (Pease, 2011) contributed to their comfort with authority. They had also all worked previously in positions in which they held significant authority and this is likely to have played a role. However, the fourth and least experienced worker in this group echoed findings from the literature on mandated relationships about the value of very deliberately and transparently negotiating the terms of engagement and the use of authority with clients (Trotter, 2006; Rooney, 2009). This transparency may be facilitated by promoting a

definition of SBP like 'Enacting firm, fair and friendly practice' which is so explicit about the simultaneous use of hierarchical and negotiated power.

Some social work authors have suggested educational strategies to help social workers to develop comfort and expertise in using their power. These include helping social work students to experience their power productively by taking greater control of decisions related to their own teaching and learning (Bar-On, 2002) and enabling students and practitioners to talk about the complexities of the professional power they hold (Bundy-Fazioli et al., 2013). These suggestions point to the potential for collaboration between MCFD and the educational institutions to research and develop safe learning experiences that support learners to exercise their power productively and compassionately. Learners might practice doing this not only with clients but also with peers, instructors and administrators in their place of education and with peers, supervisors and senior management in their place of work. This would complement the experiential training in SBP that study participants frequently requested to help them practice and reflect on the challenges of exercising both care and authority with clients. As Turnell & Essex (2006) comment, "Since the skilful use of leverage is often not part of the helping professionals' usual toolkit, most professionals need to spent time developing and practising this skill" (p. 46).

## Becoming a Strengths-Based Child Protection Practitioner

There is some evidence of a developmental progression from defining SBP as 'Relating therapeutically', 'Supporting client self-determination' and 'Connecting to internal and external resources' to defining it as 'Pursuing a balanced understanding' to understanding it as 'Enacting firm, fair and friendly practice'. This progression is illustrated in the Figure below.
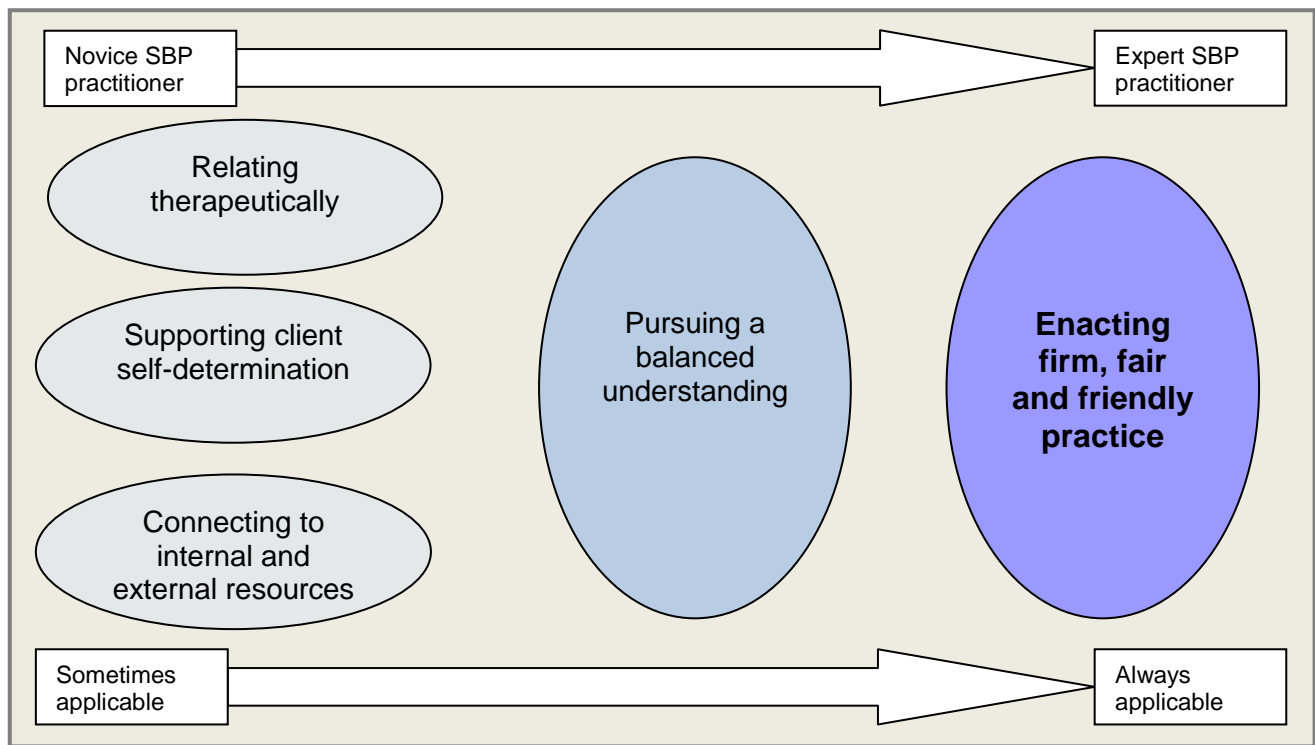
**Figure 14 Becoming a Strengths-Based Practitioner**

Workers in the 'Pursuing a balanced understanding' group drew on the practices of the first three identified groups, merely seeing them as less of a focus than their philosophy about searching for a balanced understanding. Those in the 'Enacting firm, fair and friendly practice' group integrated these practices and expanded the philosophy of balance to incorporate their use of authority. They saw their version of SBP as requiring a high degree of skill and emotional maturity.

The average years of SBP experience for the 'Relating therapeutically', 'Supporting client self-determination' and 'Connecting to internal and external resources' interviewees was eight, for the 'Pursuing a balanced understanding' group was 10.25 and for the 'Enacting firm, fair and friendly practice' group was 16.5. This supports the idea that workers come to the latter two definitions later in their SBP experience, although the small size of this sample makes this at best

a tentative suggestion. It does fit with the finding from survey participants that those who defined SBP as always applicable had more years of experience in using the approach. It also fits with the broader developmental trajectory described by interviewees. All who discussed how their approach to clients had changed over the course of their career described changes that might be seen as supporting the latter two more expansive descriptions of SBP. These changes included becoming more flexible, open-minded and emotionally regulated, being more transparent about their authority and deepening their value base.

An analysis of the response to the member-checks also supports the idea that there may be a developmental progression to the definitions. All in the 'Enacting firm, fair and friendly practice' group chose that definition as best reflecting their interpretation of SBP. All, however, said that they also felt elements of the 'Pursuing a balanced understanding' definition were relevant and two suggested their understanding of SBP was best represented by a composite of the two. This could indicate that the distinctions drawn between the two definitions are misplaced or over-simplistic. It could alternatively indicate 'Enacting firm, fair and friendly practice' is an extension of the 'Pursuing a balanced understanding' version of SBP. Developing a perception of SBP as a philosophy of balance might precede and underpin the definition of SBP as a philosophy and practice in which the authoritative and helping roles can be combined.

Literature regarding the development of expertise offers one perspective on the different focus of these groups. This suggests that expertise cannot be equated to job title or length of experience but rather is a behavioural description; experts behave differently from novices (Moulton et al., 2007). To develop expertise practitioners move through various stages of knowledge acquisition and integration. Dreyfus and Dreyfus (2005) offer a five-stage model of this developmental process. In the initial stages of learning a new skill, novices are focussed on

learning the concrete facts and rules about what to do. This may be seen in the focus of those in the 'Relating therapeutically', 'Supporting client self-determination' and 'Connecting to internal and external resources' groups on the actions of SBP, and their tendency to apply the approach in a limited number of situations. As learning progresses Dreyfus and Dreyfus contend that the learner integrates important situational information and develops maxims not only about what to do but how and when to do it. The clear rules expressed by many in these definitional groups about when SBP is not applicable can be seen as examples of such maxims.

With more experience, and the emotional engagement in the task that enables the developing worker to reflect, strengthen successful responses and inhibit unsuccessful ones, she develops increasing numbers of what Dreyfus and Dreyfus call "situational discriminations", or models about how to enact the skill in different situations. Important situational information becomes integrated into the worker's complex cognitive map of SBP. What those in the 'Pursuing a balanced understanding' group perceived to be contextual supports for SBP those in the 'Enacting firm, fair and friendly practice' group incorporated into the definition of SBP itself. Thus while 'transparency about conflict', 'openness to learning' and 'a clear sense of purpose' were identified as supports to SBP by the 'Pursuing a balanced understanding' group, they were integrated into the most expansive definition of SBP as 'transparency about role and relationship', 'inviting maximum collaboration' and 'purposefully exercising authority'.

Expert practitioners no longer draw explicitly on the rules, and indeed these rules may become lost to them as they rely increasingly on their intuitive sense of how to enact the skill, informed by their complex web of situational cognitive models (Dreyfus & Dreyfus, 2005). This developmental process may explain the shift in focus in the 'Pursuing a balanced understanding' group away from the mechanics of SBP towards characterising it as a philosophy, an approach

that feels natural and intuitive and, simply, 'the right thing to do'. It accounts for the increasing ability to apply the skill flexibly and in different situations. The automatization of the skills of SBP may be reflected in the fact that workers no longer explicitly talk about them. The integration with their authority was the explicit focus of much of the discussion of 'Enacting firm, fair and friendly practice' SBP, with the use of strengths-based questions and ideas like drawing on client strengths often left to be detected from case discussions. It is well-established in cognitive psychology that the 'cognitive load' or capacity for humans to attend to and integrate new information, is limited (Moulton et al., 2007). The automatization of basic SBP skills creates cognitive space for workers to deliberate about more complex applications of SBP, for instance its relationship with authority, and this becomes the expert worker's focus when asked to think about SBP.

Social identity theory offers another perspective on this developmental process. It helps explain how workers might move from seeing SBP as something they do, to seeing strengths-based as something they *are* (Tajfel & Turner, 1979; Spears, 2001; Tajfel, 2010). Social identity theory proposes that at any one time workers can choose from a myriad of possible social identities, for instance 'investigator', 'advocate', 'strengths-based practitioner' and 'gatekeeper'.  In a dynamic, contextually responsive process workers will mentally categorise themselves into a social group, attribute emotional significance to that categorization, integrate it into their self-concept and engage in social comparisons which reinforce group membership. They will identify with that which is most salient at any given time, with salience being determined largely by the accessibility of the identity and the extent to which it supports a positive self-concept. Thus they construct their professional identity through an ongoing interactional process in which they draw on prior experiences and relevant cultural messages, or 'identity scripts' (Hotho, 2008). These

scripts describe what it means to be, for instance, a strengths-based practitioner. When they are unambiguous, consistent and support professional self-concept and self-esteem, workers are more likely to use them to define their professional selves (Hogg & McGarty, 1990).

For workers holding one of the exclusively supportive definitions of SBP it will be very hard to develop an identity as a strengths-based practitioner. It is clear from the survey ratings that SBP is highly valued and therefore an identity as a strengths-based practitioner might be seen as supportive of self-esteem. However, the extent to which this definition of SBP conflicts with core job functions, and the number of situations in which it is perceived to be inapplicable, means that it is unlikely to be seen as a highly salient identity. It is not sufficiently contextually supported and is not congruent with the concept of a child protection practitioner held by these workers. Social identity theory suggests that when an identity is threatened the most likely response for those who have not yet developed a strong commitment to it is to abandon it altogether in favour of one that is perceived to be more salient, carries higher status or better fits the context (Ellemers et al., 2002). This is what these workers appeared to have done as they generally described SBP as a practice to be conducted in limited situations rather than an all-embracing philosophy or personal identity.

An alternative response to identity threats is to defend the chosen identity and make comparisons with other groups that increase the chosen group's esteem. This strategy might be seen in the behaviour of the one worker who held a 'Supporting client self-determination' definition of SBP and talked of identifying strongly as a strengths-based practitioner despite many situations in which her wish to enact a supportive definition of SBP was challenged or denied. She was highly critical of those whom she perceived as preventing her from enacting this

version of strengths based practice and engaged in such defensive strategies as avoiding consultation in order to protect herself from them.

Social identity theory proposes that the third response when a chosen identity is threatened is to redefine it in order that it might better support a positive self-concept. Workers holding both the 'Pursuing a balanced understanding' and 'Enacting firm, fair and friendly practice' definitions of SBP described rewriting their definition of SBP to make it more applicable to the child protection role. This appeared to happen over the course of the study for one interviewee who described being on a supportive team and holding a 'Relating therapeutically' definition of SBP. Six months after his interview he reported during the member check that a significant increase in caseload meant that he now practised a 'Pursuing a balanced understanding' definition for the explicit reason that he no longer had as much time to invest in the client relationship. Several workers in the 'Pursuing a balanced understanding' and 'Enacting firm, fair and friendly practice' groups talked about rejecting definitions of SBP that they felt failed to take into account the context of child protection work, leaving children at risk and confusing clients. They had redefined SBP to better incorporate their mandated role and authority. This allowed them to see more of their daily work as an expression of SBP. Their identity as a 'strengths-based practitioner' became highly salient as it supported a positive self concept as a child protection worker. It was not repeatedly threatened by competing identities necessitated by the need to perform other functions in their child protection role. This allowed workers to make considerable emotional investment in their identity as a strengths-based practitioner, incorporating SBP into their personal value system and professional self-concept.

A developmental understanding of SBP offers clues about ways to support better implementation. It suggests the importance of teaching a model of SBP that is congruent with the

range of child protection activities and policies. It also suggests that it is not enough to give child protection workers training in this model and send them on their way. Indeed, it explains why so many workers in this study identified that although they felt knowledgeable about SBP they wanted more training. A staged approach to training would support workers to integrate an increasingly complex and comprehensive understanding of SBP in accordance with their developmental needs. Training would start with the basic skills and principles of a child protection-applicable model of SBP. Ideally this education would be incorporated not only into the core training for child protection workers but also into the curricula of BSW and other educational programs from which graduates enter the child protection workforce. This would reduce the chances that new workers educated only in generic SBP approaches abandon hope of doing SBP or develop rules as to when it is inapplicable when they first attempt to enact it in their child protection role.

Initial training might support workers to practice SBP with the more collaborative resourced clients with which participants in this study found SBP easier to enact. More advanced practitioner training would focus on specific case scenarios like applying SBP in high risk situations or with clients experiencing a mental health crisis. It would provide practitioners the opportunity to reflect on and integrate lessons from attempting to enact SBP in their daily work in the kind of situations identified in this study as particularly challenging.

An ongoing program of training that offers participants the chance to reflect on their own practice and to learn from those of others would support workers to incorporate a wide range of "situational discriminations" (Dreyfus & Dreyfus, 2005) into their cognitive database. Finally, framing achieving competence in SBP as a lengthy developmental process for which the Ministry will provide ongoing support might help workers to perceive challenges as a predictable

feature of the learning process rather than reason to create implicit rules about categories of clients or situations for which SBP will always be inapplicable.

## General Implementation Factors:

### Organisational Supports

Survey respondents identified organisational factors like lack of time, resources and management and clinical support as the main barriers to doing SBP. The majority of challenges for workers holding the more inclusive definitions of SBP as 'Pursuing a balanced understanding' and 'Enacting firm, fair and friendly practice' were related to the lack of organisational support for the approach. Three interviewees who self-identified during the member checks as holding less inclusive definitions of SBP said they were attracted to the 'Pursuing a balanced understanding' definition and two were explicit that they would prefer to practice according to that definition but their work conditions meant they could not. Interviewees holding that definition confirmed that without a great deal of support from supervisor or team it was difficult to enact. Those holding the 'Enacting firm, fair and friendly practice' definition described SBP as requiring enormous effort, especially in the context of an unsupportive organisational culture. This suggests that any consideration of the implementation of SBP needs to focus as much on developing the capacity of MCFD to support the approach as it does on individual workers' knowledge and skills.

Recent writing about the implementation of strength-based child protection initiatives has acknowledged the importance of developing system-wide capacity for SBP (Barbee et al., 2011; Idzelis Rothe et al., 2013; Pipkin et al., 2013; Turnell, 2012). This includes establishing a supportive organisational culture and a sustained commitment to the approach from those in

senior leadership positions. An evaluation of the implementation of a solution-focussed model in Washington State included the comment that,

> leadership may assume that this is not something they need to be trained on, that others can learn the details of the model and they can just manage. However, when senior leadership is not expert in the model, critical decisions in the life of the system that affect practice are not noticed as critical. Similarly, when new initiatives are introduced internally or externally, leadership is not able to see the benefits or barriers they might present to the practice of the agency (Pipkin et al., 2013, p. 1931).

The principles of SBP must be embedded at all levels of service delivery.

In discussing the attempt to implement family-centred mental health practice in Australia, an approach that has many parallels to SBP, Maybery and Reupert (2009) suggested that sustained educational initiatives to improve individual worker competence would only be effective if built on a pre-established foundation of organisational support. As in this study, they found workers often identified clients as the source of difficulty in implementing the approach (Maybery & Reupert, 2006). They hypothesised that the combination of organisational change and worker training would put workers in a better position to engage with clients. This would reduce the prevalence of challenges that practitioners attributed to the lack of cooperation from clients themselves (Maybery & Reupert, 2009).

Creating organisational cultures that value and promote the strengths, creativity and self-determination of both workers and clients is, however, likely to take considerable sustained effort. Much has been written about the organisational cultures of contemporary social service agencies (Aronson & Smith, 2010; Harlow, 2003; K. Healy, 2009; Parton, 1994, 2008; Pollack, 2010; Rogowski, 2012). They have been widely characterised as imbued with the values of neo-

liberalism which frame over-reliance on the state as harmful to individual rights and the smooth operation of a society of contributing self-reliant individuals. In the neo-liberal discourse social welfare agencies are charged with rationing resources to control the deviance of service users from the norm of self-reliance. Organisational cultures characterised by blame and scarcity are hardly congruent with strengths-based approaches that see the client as a valued partner and require resource availability and flexibility to respond to self-identified client need.

Within these organisational cultures it is not just client behaviour that is subject to control. The pursuit of efficiency in a pared down social welfare state has tended to limit the sphere of worker autonomy (K. Healy, 2009; Rogowski, 2012). Managerial governance models have brought an increased focus on auditing and accountability procedures and the pursuit of management-defined goals. The frustration voiced by workers in this study about the lack of time for SBP due to the requirements of the ICM system reflects a widely held view in child welfare agencies that too much time is being spent on administrative tasks that meet the needs of organisations rather than clients (Michalopoulos, Ahn, Shaw, & O'Connor, 2012; Parton, 2008; Rogowski, 2012). The increasing time dedicated by child welfare workers to information technology designed to track client progress towards goals shows how increased surveillance of client and workers tend to go hand in hand and diverts time and resources away from the worker-client relationship on which SBP is built.


*Time and Resources*

A clear message from this study is that SBP takes both time and resources. It takes time to build and tend a trusting relationship with a client, to invite their collaboration, to listen to their perspective, to support their strengths and to negotiate power. It takes even longer to do this with

multiple members of a client's network; the time taken for family meetings was recently raised

by protection workers in the United Kingdom as a barrier to SBP (Bunn, 2013). As workers in

this study expressed, it is also hard to show up empty-handed to a collaborative relationship. For

many clients an important marker of social worker helpfulness is the ability to provide resources

and offer very concrete practical help (Schreiber et al., 2013).

While the prevailing climate of neo-liberalism and scarcity has been asserted as a reason

that SBP is needed (Kisthardt, 2012; Saleebey, 2012), with few exceptions (Kisthardt, 2012;

Michalopoulos et al., 2012; Smith & Donovan, 2003) there has been little discussion about the

ways in which lack of time and resources might impact efforts to implement SBP. The focus of

concerns about implementation has been more on shifting individual and organisational

philosophy than on the concrete conditions of daily practice. This study suggests that a large part

of the implementation problem is not that workers do not subscribe to the values of SBP, but

rather that they perceive themselves as lacking the practical tools to enact them.


### Firm, Fair and Friendly Management

Many workers in this study spoke of the central role of supervisors and managers in inhibiting or

enabling their use of SBP. A heartfelt commitment on the part of management to empower

workers and to model and support SBP was important, as was management provision of

sufficient resources and time for the approach. These were perceived to be determinants of

whether MCFD as an organisation supported SBP and whether individual workers could enact

the approach. Worker descriptions of the management behavior needed to support SBP

amounted to a call for managers to adopt SBP in relation to them. Worker suggestions as to the

core values and strategies of this strengths-based management approach are summarised in Table 19.

**Table 19 The Values and Strategies of Strengths-Based Management**

| VALUES |
| --- |
| Workers are valuable partners in a shared mission to promote child and family well-being |
| Workers are people with strengths and the capacity to work effectively when provided adequate support |

| STRATEGIES |
| --- |
| Establish a partnership with the worker based on the goal of supporting child and family wellbeing through SBP. Ensure all case discussions are oriented to this goal |
| Hold a definition of SBP that is appropriate to child protection work and consistent with the worker's definition |
| Have regular contact with the worker to develop a relationship of compassion and respect in which the worker feels known and supported. Respond quickly to requests for support |
| Develop a deep understanding of the worker's experience, needs and perspective by listening, asking questions and showing genuine curiosity. Trust that each worker knows most about what they need to do their job well and support them to describe this fully |
| Be open to a variety of creative strategies for pursuing the shared goal of child and family wellbeing through SBP and support worker ideas generated from a strengths-based consultation process. |
| Provide leadership by bringing expertise, clinical skills and hope |
| Expand the worker's perspective by helping to 'think outside the box' and by providing honest and informed feedback |
| Be transparent about your own thinking and any limits on practice |
| Model SBP in all interactions by using strengths-based questions, acknowledging worker strengths and paying equal attention to strengths and challenges |
| Join with the worker to assume any risks inherent in an agreed plan |
| Provide the time and resources necessary to support the worker-determined plan. |
| Accept that mistakes will be made and see them as opportunities for learning, not blame |
| Recognise the worker's self-care needs and provide sufficient time and resources to enable workers to sustain a healthy level of functioning |

There are precedents for this kind of strengths-based management. One approach, called Strengths-based Leadership, draws on extensive research into effective management behaviour conducted by Gallup (Hodges & Clifton, 2004). It involves managers performing many of the activities that participants in this study requested:

> Identifying things done at excellence, claiming them as strong points, naming them, sharing them with others, consciously thinking about how performance can be maximized if behaviors and talents are aligned, adding necessary knowledge and skills, and actively using the talents whenever possible. (Hodges & Clifton, 2004, p. 6)

It has been demonstrated to have a range of positive impacts, including increases in employee productivity, engagement and self-efficacy (Rath & Conchie, 2009).

Participant calls for strengths-based management should come as no surprise in light of evidence that supervisors have a key role in helping child protection workers to learn their role (Bundy-Fazioli et al., 2013; Gibbs, 2001; Munro, 2005; Ruch, 2007) and that one of the best ways for workers to understand what it means to implement SBP is for them to experience it being played out in the relationship with their supervisor (Antle et al., 2012; Beckett et al., 2013; Frey et al., 2012; Kisthardt, 2012; Lietz & Rounds, 2009; Thomas & Davis, 2005; Turnell, 2012). Social learning theory explains this phenomenon. Modelling is a powerful teaching tool and supervisors are in a unique position to model SBP when they collaborate with the supervisee from a position of power. From a systems perspective, repetition of a pattern in the supervisor-supervisee subsystem makes it more likely that that pattern will be replicated in the worker-client subsystem (Lietz & Rounds, 2009).

This kind of modelling can be a particularly effective strategy with SBP because supervisors can exploit self-efficacy effects (Bandura, 1997). In modelling SBP, the supervisor

shows caring and identifies worker strengths and capacity. This not only demonstrates for the worker how to do this with clients, but it is likely to make the worker to feel more valued and effective in their role (Gibbs, 2001). Receiving this kind of positive feedback builds self-efficacy (Bandura, 1997). This is an important consideration in a child protection field where the frontline work falls disproportionately to novices and tends to be very undervalued (K. Healy et al., 2009). Workers who feel self-efficacious and valued are less likely to leave the field (Gibbs, 2001; K. Healy et al., 2009; Tham, 2007) and more likely to be collaborative (Bugental & Lewis, 1999; Tew, 2006). As Tew (2006) says of social workers,

> rather than there being a 'zero-sum' trade-off that suggests that, in a generalized way,
> practitioners need to be dispossessed of some of their power in order that users may
> be 'empowered', there is strong evidence that workers who are part of more
> participatory and supportive organizations may, in turn, be more effective in enabling
> the emancipation of service users (p. 49).

While there is growing acknowledgement of the importance of system-wide commitment to SBP and of strengths-based supervision to support practitioners, little attention has been paid to the idea that if supervisors are to effectively practice and model SBP with their teams, they themselves may need to experience it from those to whom they report. Just as some protection workers in this study wanted SBP to be enacted with them by supervisors in order to increase their capacity to enact it with their clients, supervisors may benefit from having their strengths recognised and individual self-determined goals supported by their more senior managers. This may be challenging in light of the adoption by many child welfare organisations of a technocratic model of practice in which the values of objectivity and consistency are promoted and,

the ideal new manager remains distant and controlled. He takes a critical stance

towards the arguments presented and the established practices of others, drawing his

own conclusions based on designated general decision rules (risk assessment, cost-

benefit analysis and so on) rather than being swayed by sympathy to particular cases

(Meagher & Parton, 2004, p. 14).

Embedding the relational principles of SBP into management practice and establishing

relationships throughout the organisational structure that are characterised by caring and a deep

contextualised understanding of the perspectives and goals of the person being managed appears

to require a significant cultural change.

If practitioners are to be supported to enact an inclusive definition of SBP like 'Enacting

Firm, Fair and Friendly Practice', it is worth considering articulating the principles and strategies

for strengths-based management using the same model. This would answer the frequent calls

from workers in this study for MCFD to adopt and commit to one definition of SBP and address

the concern that different definitions across the organisation create confusion and act as a

significant barrier to SBP. Lietz & Rounds (2009) describe a supervision model in Arizona

specifically designed to align with the Family Centred Practice approach that the state was

attempting to implement. The model was inspired by concerns that despite extensive training of

frontline workers, implementation of Family Centred Practice was inadequate. Although it is too

early to assess whether it will lead to changes in supervisor behavior and have any effect on

frontline workers, supervisors were reported to feel positively about the development and

training of the new model. It required them to replicate the strategies of Family-Centred Practice

within their teams, for instance undertaking a systematic assessment of worker strengths and

goals and framing their team as a community with inherent strengths and resources that could be

exploited through group supervision. The use of group supervision was seen as one way to create the culture of peer support that has been identified as important to maintaining a strengths-based perspective (Lietz & Rounds, 2009; Michalopoulos et al., 2012).

In discussing the development of another strengths-based supervision model in the United States, this time aligning with the Casey Foundation's Permanency Practice model, Frey et al. (2012) suggest that supervisors tend to feel uncomfortable exercising their authority with supervisees. They claim that enacting the agency's practice model in supervision is likely to benefit supervisors by leading to greater comfort with the model and a greater ability to hold workers to account. Just as 'Enacting firm, fair and friendly practice' SBP appears to help frontline workers perform their dual role with clients, so it may support supervisors to move more easily between collaboration and the purposeful use of their authority with those they manage. An inclusive model that enables managers to provide support to and collaborate with employees while also exercising authority over them appears appropriate in public service bureaucracies where the parties often have very different priorities (Lipsky, 2010). The importance of the management role in holding employees to account should not be dismissed in the move to rehabilitate their supportive function. As discussed in the next section, greater familiarity and self-efficacy with the model on the part of management may also translate to an increased ability to join with workers in truly collaborative relationships (Bugental & Lewis, 1999).

**Fear and Fearlessness**

This study suggests that fearlessness, confidence and comfort with authority all play a central role in the ability of social workers to make strengths-based relationships with their clients. Each of these qualities can be seen as a manifestation of self-perceived power. Bugental and Lewis (1999) studied the effects of self-perceived power in those holding such nominally powerful roles as teacher and parent. Those who perceived themselves to be lacking in power, attributing control over interaction and outcomes to dependant others, tended to engage in more coercive and controlling behaviour. They were more sensitive to threat and to challenges to their authority. They were less able than those who perceived themselves to have power to engage in the kind of non-judgemental and non-reactive relationship described by workers in this study as being important for the more expansive versions of SBP. They also showed disrupted speech patterns and information-processing difficulties which were hypothesised to further undermine communication and credibility and set the scene for "an escalating pattern of misunderstanding and conflict" (Bugental & Lewis, 1999, p. 62).

Research into the early professional development of health care practitioners offers another perspective on the interplay of fear, confidence and reasoning (Eva et al., 2012). This study found that when learners were fearful they were less able to receive and make use of feedback. Feedback is not experienced as emotionally neutral and learners need to have confidence in order to receive it without engaging in defensive strategies. Such strategies, which include discounting negative or contradictory feedback and attributing mistakes to external factors, have been identified in child protection work as contributing to errors in reasoning (Gambrill, 2006).

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These findings suggest that workers who fear their clients are more likely to become coercive and to deny the differences in perspective that are important to a collaborative relationship. They will be less able to be open to hearing feedback from the client in the form of client goals and strategies and perspectives. This feedback, which always has the potential to be a critique of the worker's performance and perspective, is a core element of SBP running across all the definitions found in this study.

In this study worker descriptions of the ways in which fear made them disengage, collude with clients or wish to be punitive, echo descriptions in the child protection literature about the ways in which fear and anxiety can contribute to failures of child protection workers to effectively carry out their role (Calder, 2008a; Ferguson, 2009; Ruch & Murray, 2011). Stanford (2010) argued that fear of clients in child protection work has increased with the growing tendency to frame those clients in terms of their risk to their children, to workers, and to the neo-liberal ideal of self-sufficient economically independent citizens. She found that social workers tended to describe both clients and themselves as either being "at risk" or "a risk" and that fear of clients, or of what workers might do to clients as a result of feeling unsafe within their organisation, was entwined in this risk discourse. The discourse of risk is particularly powerful in child protection work (Houston, 2000; Parton, 2011). Recent studies have concluded that while child protection staff are not the group of social care staff most at risk of violence from clients, they are the most fearful (B. Harris & Leather, 2012) and practitioners feel unprepared to manage angry, aggressive and involuntary clients (K. Healy et al., 2009).

It is too simplistic to label practitioner fear as maladaptive and discursively produced. As Harris and Leather (2012) found in their study of social care staff in the UK, a high level of practitioner fear of clients was rooted in a high rate of very real experiences of physical, verbal

and psychological violence. Several workers in the current study had encountered situations involving weapons and aggression in which fear was a highly adaptive response. It is not possible to glean from the data in this study the extent to which the expressed fear was rooted in such personal experiences with clients. However in light of the fact that workers talked of their fear undermining their ability to SBP, it is important to examine what can be learnt from times when workers interact fearlessly with their clients.

In this study I have defined fearlessness as the ability to remain engaged, firm and open with clients in the face of client anger or threats. One perspective on this fearlessness is that it is no more than an expression of key elements of 'Enacting firm, fair and friendly practice' SBP. This explains why all the workers who used that definition of SBP also demonstrated fearlessness. Saying that these workers remained engaged, firm and open in the face of threat may simply be a different way of describing how they related to a client under difficult circumstances by being transparent and impartial and inviting maximum collaboration while being firm in their authority. The fact that workers in the other definitional groups showed fearlessness suggests that more workers may be practising this version of SBP, or at least core elements of this version than may appear. While he does not define it as SBP, the worker in the 'Supporting client self-determination' group or the 'Pursuing a balanced understanding' group who remains engaged, firm and open in the face of threat is demonstrating in that moment core components of the ability to do 'Enacting firm fair and friendly practice' SBP. Viewing this ability through the lens of fear and fearlessness, however, points to strategies that might support SBP.

It is not clear from the data whether workers who showed fearlessness did not feel fear or, perhaps more likely, that they felt fear but were able to be engaged, firm and open despite it.

To feel fear but to be neither immobilised nor swept away by it is often defined as courage (Lindh, da Silva, Berg, & Severinsson, 2010). As Banks says, "we typically associate courage with endurance and fortitude, with confronting fear and acting ethically in the face of individual and institutional vulnerability and fallibility" (Banks, 2009, p. 174). Courage has been described as intimately linked to the social care practitioners' ability to enact ethical decisions (Banks, 2005) and as one of the core virtues for social work practitioners (Banks, 2005, 2009).

That they were doing what they believed to be the right thing appeared important to the workers who showed fearlessness in this study. Several directly attributed their fearlessness to moral values and others referenced their values as motivation in descriptions of situations in which they showed fearlessness. In her description of incidents in which social workers "speak back to fear", Stanford (2010) also suggested a moral element, describing workers as avoiding the "morally timid", defensive and risk-averse choice as they sorted through competing conceptualisations of clients as vulnerable and as dangerous. While not inevitable, courage in the health and social care professions is often directed towards moral ends (Banks, 2009). This suggests that the concept of moral courage may be helpful in considering fearlessness.

Moral courage has been defined as the capacity to "overcome fear and stand up for . . . core values. It is the willingness to speak out and do that which is right in the face of forces that would lead a person to act in some other way" (Lachman, 2007, p. 131). Being morally courageous involves ignoring opposing interests and pressures to take what is perceived to be the right action. The barriers to taking action might be external, for instance organisational procedures and cultural norms, or internal, like "being socialized to follow orders, futility of past actions, fear of losing . . . jobs, self-doubt and lack of courage" (Wilkinson, 1987/8, p. 21). Workers may find themselves without the moral courage to follow their conscience because they

are afraid to speak up or to be seen as imperfect (Austin, Rankel, Kagan, Bergum, & Lemermeyer, 2005) or because they act in patterned ways to avoid conflict (Webster & Baylis, 2000). The failure to exercise moral courage has been linked to the negative emotional and consequences now frequently characterised, particularly in the field of nursing, as 'moral distress' (Pauly, Varcoe, Storch, & Newton, 2009; Varcoe, Pauly, Webster, & Storch, 2012; Webster & Baylis, 2000; Wilkinson, 1987/8).

Interviewees from across the different definitional groups in this study talked of their personal values as being supports for SBP and all in the 'Enacting firm, fair and friendly practice' group discussed preparing for client interaction by orientating themselves to their core values and purpose through reflection. Even talking about SBP in the research interviews was identified by two participants as a powerful way of reconnecting with important values and reasons for entering the profession. This suggests the relevance of the proposal that moral courage can be supported by helping practitioners to reflect on the ethical nature of their daily interactions and to resolve challenges by explicitly connecting them to the personal and professional values that guide their practice (Rodney, Doane, Storch, & Varcoe, 2006; Storch et al., 2009). This is best done within organisations that give workers the time and safety to think about ethical practice and to openly discuss the challenges they face (Austin, 2007; Corley, Minick, Elswick, & Jacobs, 2005; Pauly et al., 2009). It supports the emerging message from strengths-based child protection implementation that organisations need to provide ongoing opportunities for individual and group reflection about what it means to enact SBP in daily practice (Idzelis Rothe et al., 2013; Turnell, 2012).

Finally, practice-based discussions of moral courage have stressed the need for workers to assess the risks and advantages of taking a stand (Lachman, 2007; Rushton, 2006). In this

study several of the workers who demonstrated fearlessness showed their awareness of the fine line separating fearlessness from recklessness. They spontaneously raised the question of whether they were being reckless and concluded that they were not because they had in place the conditions that would keep them safe. These could be internal protective factors like conflict resolution skills or a clear understanding of the limits of safe interaction, or external factors like the presence of police or colleagues. If workers are not to be put in harm's way, any encouragement for workers to be fearless needs to be accompanied by work to support these protective factors and to help workers assess when fearlessness might be unwise. Tools like a self-evaluation inventory incorporating the values and strategies identified in this study as supporting fearlessness might help workers reflect on their level of fear or fearlessness and identify whether it is warranted. Workers need a clear understanding that there may be times when their safety requires them to disengage from the client, to back away from their position or to limit their openness to client feedback that may be abusive or damaging. This right to disengage from clients can be seen as one element of the purposeful use of authority embraced by 'Enacting firm, fair and friendly practice' SBP.

## Design Limitations, Strengths and Areas for Further Research

In line with the pragmatist stance informing this study, all conclusions drawn from this research should be seen as tentative and fallible. This is partly due to the belief that it is only through their application to practice that their value can be established and their specificity refined. It is also due to the fact that there are limitations to this study. The research included 27% of MCFD frontline workers and it is impossible to pinpoint the extent to which the views expressed represent the total population or exclude important sub-populations. I did not gather information

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regarding important demographic characteristics like gender and ethnicity and so was unable to account for the ways in which these factors have a bearing on how workers interpret strengths-based ideas and interact with clients.

Some aspects of the survey design introduced limitations to the study that may have been ameliorated with more extensive piloting. The survey question asking workers to identify their team type lacked the specificity needed for more helpful comparisons across teams. The absence of any definition of SBP made it impossible to establish which version of SBP survey respondents had in mind when they talked of their knowledge, practice or attitudes. It is possible that no open-ended survey question would have allowed sufficient interrogation of the complex and nuanced meanings of SBP, but it is clear that the two questions regarding the way SBP was practised and defined were not helpful for this purpose.

This lack of specificity can also be seen as one of the strengths of this study. The lack of construct specificity left participants free to define SBP for themselves in the survey and subsequent interviews and this led to the important finding that participants defined SBP in very different, but patterned, ways. By choosing not to elicit more identifying demographic information I sought to create conditions of safety and anonymity to support maximum participation and the expression of a range of views. The study design offered the opportunity for many workers to participate in the survey and contribute data to the analysis of broad patterns of the use of SBP ideas across the sample. The interviews enabled some workers to share their perspectives at length, adding depth and complexity to the analysis and going further towards answering the question of why they applied the ideas of SBP in the ways that they did. It should be noted that due to time constraints for one participant, one interview was considerably shorter

and less comprehensive than the others. This data was nevertheless included as the study sought

to reflect and honour the range of worker experiences on the busy frontlines of practice.

The limited sample size means that caution is needed with generalising findings to the

entire population of MCFD child protection workers. Patterns and themes in the sample should

be seen as suggestive only of patterns and themes in the broader population. More research is

needed, both within MCFD and other child protection agencies, to examine whether these

findings can be generalised more widely and to explore differences across different contexts. It

would be helpful to explore how demographic characteristics like the gender or cultural identity

of workers mediate perceptions of SBP. As it was not possible to complete the necessary

processes to include Delegated Aboriginal Agencies within the timeframes of this study, further

research to examine whether and how the ideas of SBP are applied differently in those agencies

may prove particularly instructive.

Some social work students and MCFD practitioners and managers have indicated that the

findings of this study usefully address the problem of how to make SBP work in child protection.

Research is needed, however, to evaluate the extent to which the 'Enacting firm fair and friendly

practice' model and developmental understanding of SBP resonate with those involved in

frontline child protection work and can support constructive changes in the way SBP is taught

and practised. This research should include child protection workers, managers and clients.

Areas to explore with clients include how well the model fits with what they perceive to be best

practice, and to what extent they perceive the model to be enacted and frontline practice to

change as the result of any action taken towards the study recommendations.

Ideally a third stage in the study process would involve re-surveying participants with an

instrument designed to elicit which, if any, of the five definitions of SBP best reflect their

interpretation. More research exploring the prevalence and distribution of the different constructs of SBP, and associated attitudes and perceptions of barriers and supports, would improve understanding of the ways in which SBP ideas are applied and enable implementation initiatives to be more effectively targeted. It would be helpful to examine the 'Enacting firm, fair and friendly practice' version of SBP in more depth. More research is needed to explore how judging impartially, seeing clients as human and being transparent about the worker-client relationship support workers to do SBP, as it was through these ideas that participants extended current conceptualisations of strengths-based child protection practice.

Strategies used to design and deliver the supports for SBP recommended in this study should be informed by evidence of effectiveness and an analysis of whether and how they can be translated to the particular context of MCFD. The design of a program of developmentally appropriate training and support, for instance, should draw on existing adult education research. Further original research is needed, however, to address the question of how best to teach and support qualities like fearlessness, transparency and comfort with authority at all levels from undergraduate to advanced practitioner. Finally, an ongoing process of evaluation of the impact of any changes that result from this study will help to ensure its recommendations can continue to be refined and adapted to meet the needs of those on the frontline.

## Recommendations

A pragmatic approach to research dictates that, notwithstanding the limitations of the study and areas where more research is needed, it results in recommendations for action. Participants clearly identified ways in which the current implementation of SBP is problematic. They also

identified strategies to support them to apply the ideas of SBP in a more useful way. It is recommended therefore that MCFD:

**1) Promote a shared, child protection-applicable understanding of SBP at all levels of the organisation from senior management to frontline practitioner**

- Establish transparent processes at the senior management level for the leadership and promotion of the chosen understanding of SBP

- Include all levels of management in training that supports chosen understanding

- Align all policy with chosen understanding

- Align all training with chosen understanding

**2) View becoming a strengths-based practitioner as a developmental process**

- Establish processes for regular group and/or individual strengths-based supervision at all levels of the organisation

- Provide ongoing developmentally appropriate training to frontline practitioners and supervisors

  o This should start with education regarding the skills and basic principles of strengths-based child protection models like 'Enacting firm, fair and friendly practice' and Signs of Safety. These should be taught as part of the child protection worker core training. The ways in which these models differ from generic strengths-based approaches should be discussed.

  o Ongoing training in SBP should be practice-based and address scenarios involving the clients and situations identified by workers in this study as

particularly challenging. Training would ideally include the opportunity both to see SBP modelled by others and to practise the approach.

- o Other areas to address in practice-based education include developing comfort with mandated authority, fearlessness and emotional self-regulation, balancing supportive and risk management functions and accessing practitioner values and strengths.

- Work with educational institutions in the province to incorporate curricula into their relevant degree programs to support a child protection-application model of SBP and comfort with mandated authority, fearlessness and emotional self-regulation skills.

**3) View becoming a strengths-based practitioner as a context-dependant process**

- Design and implement a model of strengths-based management that aligns with the frontline practice model

- Provide supervisors and managers with ongoing training and support to enact strengths-based management

- Increase the time available to workers for interacting with families

- Provide adequate resourcing for strengths-based plans

**4) View developing a useful model of SBP and the conditions to support it as an ongoing process of action and inquiry**

- Conduct further research in collaboration with all levels of involved staffing and clients, to evaluate the usefulness of the study findings and the effects of any action taken to implement them

- Conduct further research to explore the prevalence and distribution of the different constructs of SBP and use this research to inform SBP model development and training and initiatives to address barriers to SBP

- Conduct further research in collaboration with the Delegated Aboriginal Agencies to explore the ways in which the workers within those agencies apply SBP ideas. Use this research to inform SBP model development and training and initiatives to address barriers to SBP

## Conclusion

This research examined how frontline workers within British Columbia's Ministry from Children and Family Development applied strengths-based ideas in their child protection practice. In light of early evidence suggesting that this way of working might be effective and that child welfare clients value being treated in a strengths-based way (Antle et al., 2012; Bond et al., 2013; Bunn, 2013; Department for Child Protection, 2010; Idzelis Rothe et al., 2013; Skrypek et al., 2012; Turnell, 2012), the finding from this study that some child protection workers did indeed appear to fully integrate SBP into their daily practice and perceived themselves to be strengths-based practitioners can be seen as very good news. Their descriptions of compassionate safety-oriented strengths-based practice appeared to go far beyond paying lip-service to the approach. Critical to this was an understanding of SBP that incorporated their range of child protection functions, supported a balanced understanding of clients and facilitated the constant calibration of support and authority to manage risk. A considerable amount of expertise and fearlessness in their interactions with clients also helped.

The majority of workers, however, did not appear to use SBP to this extent. While most people workers knew about and supported SBP, many perceived it as only sometimes applicable to their work. There appeared to be a common view that the approach stopped when the worker needed to act contrary to client wishes. Key factors in the difficulties faced by these workers were a definition of SBP that did not fit their child protection work, and an organisational context that provided neither the practical supports nor the cultural validation for strengths-based work.

This suggests there is room for intervention to support strengths-based child protection practice in each of the three areas of: 1) the model of SBP; 2) organisational support for SBP; and 3) individual capacity to do SBP. Regarding the practice itself, it would be wise to promote a model of SBP that has been adapted to fit the specific requirements of child protection work. It is not helpful to rely on generic strengths-based approaches rooted in the Kansas tradition. Their emphasis on an exclusively supportive worker-client relationship means they are experienced by workers as insufficient for the child protection task and difficult to reconcile with other more directive approaches. Child protection workers need instead adapted models of SBP that support them to use their authority and to be directive when necessary without abandoning their identity as a strengths-based practitioner. These models need to fit with the conditions of local practice, which is why the 'Enacting firm, fair and friendly practice' model, developed by frontline practitioners in response to local conditions, is particularly valuable to MCFD and why research is needed to explore its application to other contexts like the Delegated Aboriginal Agencies.

The study confirms the value of approaches like the Signs of Safety that draw most heavily on the solution-focussed tradition and support workers to exercise both care and control. The 'Enacting firm, fair and friendly practice' model does not replace such approaches. It is best

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viewed as complementary to, and an extension of, their conceptualisation of strengths-based child protection work. Its novelty lies in its focus on how the practitioner manages the relational aspects of SBP and on the concepts of impartial judgement, ongoing transparency about the relationship and seeing clients as fellow human beings.

The second area for intervention is in the level of organisational support for SBP. It is clear from this study that without this support it is, at best, exhausting to make SBP work in the child protection context. Much has been written about the importance of embracing SBP as part of a shift in organisational culture. This includes instituting practices like strengths-based individual and peer supervision, and ensuring that the model of SBP expected of frontline practitioners is understood and supported at the highest levels of the organisation. While pockets of SBP may flourish due to the commitment of frontline practitioners, senior management need to take a leadership role in promoting the desired approach if there is to be a sustained cultural shift in its favour. This study suggests that implementing an 'Enacting firm, fair and friendly practice' model of strengths-based management at all levels in the child protection hierarchy would be an important step to achieve this. The study also highlights the importance of very practical factors like access to time and resources that have been less acknowledged in literature regarding SBP implementation. Above all else, workers said they needed more time with their clients if SBP was to work.

Finally the findings from this study suggest areas in which individual capacity to do SBP might be strengthened. If becoming a strengths-based practitioner is framed as a developmental process it is easier to see how expertise might be built through ongoing opportunities for reflection, training and practice. While it is important that practice be supported within MCFD, collaboration is needed with the educational institutions to ensure that this process starts at the

undergraduate level. To reduce the chances that new workers will quickly reject SBP as inapplicable to the realities of frontline practice, they need to enter practice with a clear understanding of the ways in which a child-protection applicable model of SBP is different from other models and with basic skills in SBP and the nascent emotional self-regulation, comfort with authority and fearlessness on which its enactment will rely.

With intervention at all three of these interconnecting levels of practice, there is considerable cause for hope that more workers can make strengths-based relationships through which they can attend to the needs of their adult clients and the children of those clients. This can only make it easier for frontline workers to move from doing strengths-based practice on occasion to seeing strengths-based practice as a core component of their professional identity.

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## Appendix A: Recruitment Email

You are invited to be part of an important study into Strengths-Based Practice in child protection work. We want to hear from you if you are a fully delegated worker whose primary role is frontline child protection work with clients in British Columbia (this does not include team leaders, managers and people like consultants and family conference facilitators whose primary role is support frontline workers). You do not have to do Strengths-Based Practice to participate.

The views and experiences of frontline workers matter. Please give yours in this brief survey which should take no more than 10 minutes.

The survey is hosted by an external encrypted website and **no person at the Ministry of Children and Family will know whether and how you respond. They will not have access to the online data.** You do not need to give your name or identifying information to participate in the survey. You are free to end the survey at any time and for any reason and participation is entirely voluntary. Your consent is indicated by completing the questions. Click this link for survey:

**Why Do It?** We hope that this study will inform policy, services and education to support child protection workers in the future. The results of the study will be collated into a report, which will include no identifying information and which will be shared with the Ministry of Children and Family Development and yourselves.

**Who Are We?**
The Principal Investigator is Dr Grant Charles, Associate Professor, University of British Columbia School of Social Work. The Co-Investigator is Carolyn Oliver, PhD Candidate, University of British Columbia School of Social Work.

**More About Confidentiality**
We recognize how important it is to keep your personal information confidential. Only the Principal Investigator and the Co-investigator will have access to the online data. Nobody will be able to tell that you were in the study by reading any report or publication related to this study, or by hearing the results of the study presented in a meeting. Please note that although you will not be identified as the participant, your words may be used to highlight a specific point.

**How Else Can You Participate?**
Are you interested in being interviewed about your thoughts on Strengths-Based Practice in child protection work? If so we would love to talk to you. We could do this by phone, by Skype or in person if you are in the Lower Mainland. For more information please contact Carolyn Oliver on (phone number) or (email address)

**For Information About The Study Or About Being Interviewed:** Please contact Carolyn Oliver at (phone number) or (email address)

**For Concerns About Your Treatment Or Rights As A Research Subject:** Please contact the Research Subject Information Line in the UBC Office of Research Studies at 604 822 8598

## Appendix B: Interview Consent Form

THE
UNIVERSITY OF
BRITISH
COLUMBIA

**Study Information and Interview Consent Form**

**Principal Investigator:**
Dr. Grant Charles
Associate Professor
School of Social Work
University of British Columbia, Vancouver, B.C.
Phone:
Email:

**Co-investigator**:
Carolyn Oliver (Ph.D.(Cand))
School of Social Work
University of British Columbia, Vancouver, B.C.
Phone:
Email:

**Strengths-Based Practice and Child Protection**

**What is the purpose?**

You are invited to participate in a research study to understand how strengths-based ideas play out in child protection practice. You are being asked to participate because we value your opinion as a front-line worker.

**Who is eligible to participate?**

You may take part in this study if:

- You are a delegated worker on an intake, FDR, family service or integrated team with the BC Ministry for Children and Family Development
- You are willing to sign the informed consent letter and express your opinion about this topic

**What does it involve?**

There are two ways you can participate. One is to complete a brief survey about your views on strengths based practice. It should take no longer than 10 minutes and can be found at

(webaddress). This is an external encrypted website and no person at the Ministry of Children and Family will know how you respond. You do not need to give your name or identifying information to participate in the survey.

We will also be doing a number of interviews with child protection workers about the use of strengths-based ideas in child protection practice. These will take approximately 60-90 minutes and will be audio-taped. If you wish, you may participate in a second interview at a later date. The interviews will happen at a place of your choosing.

There are very few risks. You do not have to answer any interview question that makes you feel uncomfortable or that you find upsetting. If required we will help you to get any additional help or support needed. You will be free to end the interview or survey at any time and for any reason.

**What about confidentiality?**

We recognize how important it is to keep your personal information confidential. You do not need to give your name or identifying information to participate in the online survey. What is said during the interviews and online will be kept confidential. The interviews will be recorded and the audiotapes will be transcribed into a document that does not include your name or any identifying information. Your name will not be used at all in the study records.

Only the Principal Investigator and the Co-investigator will have access to the audiotapes, typed notes from the interviews and online data. **No person at the Ministry of Children and Family Development will have access to any of this information**.

The results of the study will be collated into a report, including no identifying information, which may be shared with the Ministry of Children and Family Development. Nobody will be able to tell that you were in the study by reading this report or any publication related to this study or by hearing the results of the study presented in a meeting. Please note that although you will not be identified as the participant, your words may be used to highlight a specific point.

The audiotapes and typed notes will be kept for 5 years in a secure locked file cabinet and office. After 5 years the audiotapes and typed notes will be destroyed. Throughout this time only the Principal Investigator and the Co-investigators will have access to them. At no time will the Ministry of Children and Family Development have access to the recordings, transcripts or survey data.

**Why should I participate?**

You know best what it is like to apply strengths-based ideas to child protection practice. We hope that the opportunity to talk about your experiences will be of value to you. We also hope that it contributes to findings that may constructively inform policy, services and education in the future.

**Contact for information about the study:**
If you have any questions or desire further information with respect to this study, you may contact Carolyn Oliver at (telephone number) or (email address).

**Contact for concerns about the right of research subjects:**
If you have any questions or concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Studies at 604-822-8598.

**Consent:**
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

_____

**Participant  Signature**                                                              **Date**

_____

**Printed Name of the Participant signing above**

## Appendix C: Survey Questions

1.  How much do you know about Strengths-Based Practice?

    ☐ Nothing

    ☐ A little

    ☐ A fair amount

    ☐ A good amount

    ☐ A lot

2.  How often do you do Strengths-Based Practice in your child protection work?

    ☐ Never

    ☐ Occasionally

    ☐ Some of the time

    ☐ Most of the time

    ☐ Always

3.  How do you define Strengths-Based Practice?

4.  What would someone watching you see <u>you do</u> with clients that you would describe as

    Strengths-Based Practice? Please give as many examples from your own practice as you can.

5.  For how long have you done Strengths-Based Practice?

6.  What best describes your current team?

    ☐ Intake

    ☐ Family Service

    ☐ Family Development Response

☐ Integrated

☐ Other (please specify)

7. What is your age?

8. To what extent do you agree or disagree with the following statements:

|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Strengths-Based Practice is hard to do in child protection work | ☐ | ☐ | ☐ | ☐ | ☐ |
| It is always possible to do Strengths-Based Practice | ☐ | ☐ | ☐ | ☐ | ☐ |
| Strengths-Based Practice is appropriate in every situation* | ☐ | ☐ | ☐ | ☐ | ☐ |
| Strengths-Based Practice is a good approach for child protection work | ☐ | ☐ | ☐ | ☐ | ☐ |
| With some clients Strengths-Based Practice is not the right approach* | ☐ | ☐ | ☐ | ☐ | ☐ |
| I would like to do Strengths-Based Practice more with my clients | ☐ | ☐ | ☐ | ☐ | ☐ |
| Children are left at greater risk when protection workers do Strengths-Based Practice | ☐ | ☐ | ☐ | ☐ | ☐ |
| Doing Strengths-Based Practice increases the chances I will be successful with my clients | ☐ | ☐ | ☐ | ☐ | ☐ |

9. In which situations, or for which clients, is Strengths-Based Practice not appropriate? (only for respondents indicating SBP sometimes inappropriate in response to Question 8 statements marked *)

10. What do you find most challenging about Strengths-Based Practice?

11. What supports do you need in order to do Strengths-Based Practice?

12. What is the total number of years you have worked as a child protection worker with full authority to investigate and remove children? (please include any time you have worked with this level of child protection authority in another jurisdiction)


13. What qualification do you hold?

      ☐ Bachelors of Social Work

      ☐ Bachelors in Child and Youth Care

      ☐ Masters in Social Work

      ☐ Masters in Child and Youth Care

      ☐ Other (please specify)


14. Thinking of the last ten times you talked with a parent on your child protection caseload, how many times did you use the following?

|  | Not used | Used once or twice | Used three or four times | Used 5 or more times | I don't know what this is |
|---|---|---|---|---|---|
| Miracle question | ☐ | ☐ | ☐ | ☐ | ☐ |
| Exception question | ☐ | ☐ | ☐ | ☐ | ☐ |
| Scaling question | ☐ | ☐ | ☐ | ☐ | ☐ |
| Coping question | ☐ | ☐ | ☐ | ☐ | ☐ |

15. Are you interested in being interviewed in more detail about your thoughts on Strengths-Based Practice?

    If so, the researchers would love to talk to you. MCFD has given permission for you to be interviewed during work hours. We can do this by telephone, Skype or, if you live in the Lower Mainland, in person. MCFD will NOT know how you respond to this question or who we interview. They do not have access to the data from this survey or from the interviews.  If you are interested please enter your name and an email address or telephone number below so we can give you more information.

## Appendix D: Initial Interview Guide

I want to understand strengths-based practice and what it means in the context of child protection work. It came from a different field of practice and we don't know much from frontline workers about their sense of it, how it fits and doesn't fit child protection work.

1. Have you seen people use it in their practice? What is it that they do?
2. Do you ever use it in your practice? What might I see when you're doing it?
3. Why do you think MCFD is implementing SBP? Why now?
4. What do you struggle with when you try to do SBP?.
5. How do you try to overcome the challenges?
6. Are there situations in which SBP is particularly easy? Please describe them.
7. Are there situations in which Strengths-Based Practice is not possible or appropriate? Please describe them.
8. Have there been times when doing SBP has left you feeling uncomfortable? Tell me about those times.
9. Some people say you have to be a certain type of person to do SBP in child protection? What do you make of that?
10. How did you learn to make relationships with clients in the way that you do? What supports you to do that?
11. Do you see any connections between the way you make relationships with clients and the way you approach relationships or life outside of work?
12. Over the course of your career so far, have you changed in the way you think about all of this? To what do you attribute any changes?