



# Foundational Theories and Knowledge Strengths based practice Practice Paper

## 1. Introduction

The purpose of this practice paper is to provide DCP staff with an understanding of strengths based practice. Key concepts of strengths based practice will be outlined and fundamental skills of strengths based practice will be outlined.

This practice paper should be read in conjunction with the [Relationship Based Practice - Practice Paper](#) as there is an important connection between strengths based practice and relationship based practice.

## 2. What is strengths based practice?

Strengths based practice in a child protection context recognises and acknowledges:

- children, young people, families and carers as experts in their own lives
- all people have strengths and resources that can support change, even if they are experiencing significant difficulties or are in crisis
- individual's abilities, resources, interests and wishes are motivators and tools for change
- the parenting role as a positive motivator for change and families want to keep their children safe.

Strengths based practice is:

- focused on working "with" rather than providing services "to" children, young people, families and carers
- empathic, compassionate and never punitive
- clear about child protection concerns and focused on change and solutions
- collaborative, involving services that will best meet the individual and family's needs.

## 3. Strengths based practice in child protection

Strengths based practice can be applied to working with children and young people, their immediate and extended family members, carers and other individuals connected to the child or young person, throughout all phases of intervention.

Working from a strengths based perspective in child protection requires practitioners to navigate the challenges of collaborative practice in a statutory context. Collaboration is made possible where practitioners develop meaningful and genuine relationships with children, young people, families and carers and explore their perspectives and goals, while remaining focused on child safety. Transparency in strengths based practice is important and includes practitioners being clear about child protection concerns, expectations, what is or is not negotiable and potential outcomes.



In a child protection context, strengths based practice is solution focused and views the safety of the child or young person as paramount. It uses the strengths of individuals and families to develop strategies to achieve safety, change and self-determination. Strengths based practice supports a comprehensive assessment of safety and risk, and can contribute to enhancing protective factors to increase the child or young person's safety and wellbeing (see the [Assessment Framework](#) for further information on holistic assessment).

A strengths based approach is an enabler of holistic assessment of safety and risk factors but it does not and must not ignore or minimise safety threats or risks to a child or young person. The extent to which strengths may decrease or influence safety and mitigate risk will vary depending upon a number of factors including the nature of the child protection concerns, the type of strength, whether the strengths are consistently present and vulnerability factors for the child or young person (such as age, development or disability). Whilst it is important that strengths are identified, utilised and built upon, it is important to acknowledge that the presence of strengths does not necessarily ensure that a child is safe or mitigate risk factors. For example, a parent may be able to identify when their mental health is declining but this may not mitigate the impact of the parent's poor mental health on their child. To ensure that an overly optimistic view of strengths does not impact assessment of safety and risk, practitioners must ensure there is a thorough assessment undertaken consistent with the [DCP Assessment Framework](#) and that they are reflecting on potential biases (refer to the [Bias in Child Protection Practice Paper](#)). It is also essential to ensure that intervention is specifically tailored and responsive to safety threats and risk issues.

Building respectful and effective working relationships is a key enabler of strengths based practice. A strengths based approach, combined with using the skills and behaviours identified in the [Relationship Based Practice - Practice Paper](#), is the most effective way of eliciting quality information to inform assessment of safety and risk and when case planning. To effectively engage in strengths based practice, practitioners must take responsibility and work proactively to develop effective working relationships and to meaningfully engage with all parties (see [Relationship Based Practice- Practice Paper](#) for further information). If respectful, trusting and supportive relationships are not developed, it may be difficult to identify strengths in a way that feels genuine to the parent/caregiver.

A strengths based approach supports practitioners to work in partnership with parents, extended family and community to develop an effective safety plan to keep children safe. This perspective is crucial when considering the capacity of families to change and to keep their children safe. It is important to balance child protection concerns with strengths, as this will enable families to maintain hope. When families are supported to recognise their own strengths and resources, they may be more motivated to achieve and maintain change. Understanding strengths is also essential for effective case planning, identifying case plan goals and supporting self-determination to keep children and young people safely at home or to reunify them with their families.

It is also acknowledged that families involved with the child protection system may be experiencing chronic and multiple challenges which can make identifying strengths more difficult. Although identifying strengths can be challenging, it is critically important for meaningful engagement and increasing motivation to change. A deficit-based approach (focusing on the problems) can overlook valuable skills and experiences that can be enablers for change.



For children and young people in care, there should be a concerted effort to recognise and highlight their strengths. This will support them to develop a positive sense of self and promote healing from trauma. This is particularly important for children and young people who display trauma based behaviours, which can cause those around them to be focused on the challenges of caring for them, rather than appreciating and celebrating their skills and strengths.

For children and young people in Residential Care, the [Sanctuary Model](#) promotes safety and recovery from trauma with a focus on key concepts including of the eight commitments. The commitments include growth and change, which supports children and young people, and staff, to focus on strengths, increase resilience and empowerment.

Proactively focusing on carers' strengths is essential to building strong, effective working relationships and enhancing the child or young person's experience of nurturing and stable care. It conveys that carers are valued and respected, two key elements of the [Statement of Commitment for foster and kinship carers](#). Strong relationships make it more likely that carers will ask for the support they need in a timely way, which promotes quality care and placement stability. A strengths based approach is particularly important when having difficult conversations or addressing care concerns with carers.

It is critical that practitioners recognise the strength that culture offers to children, young people, families and carers. Promoting connections to culture can offer significant safety and resources for individuals and families. Connections to culture can support stronger connections to family and community and positively contribute to the development of identity. Practitioners should engage with cultural consultants, including Principal Aboriginal Consultants and DCP Multicultural Services, to ensure connections to culture are supported and that practice is culturally safe. It is essential that active efforts are undertaken to implement all elements of the Aboriginal Child Placement Principle. For children and young people in care this includes the development and implementation of an Aboriginal Cultural Identity Support Tool or Culturally and Linguistically Diverse Identity Support Tool to ensure that their connections are actively supported.

A key process identified as part of the DCP Practice Approach is Family Led Decision Making (FLDM). As Aboriginal culture is a protective factor for families, a strengths based approach recognises how families problem solve together and how cultural connections can facilitate safety for the child or young person. FLDM recognises Aboriginal families as having the best knowledge of their family, community and culture, including their strengths and needs, and supports Aboriginal families' participation in significant decisions across all phases of child protection intervention. Refer to the [Family Led Decision Making for Aboriginal Families Framework](#).

Engaging in strengths based practice includes:

- identifying and regularly reflecting with the child, young person, family or carer what they are doing well (either historically or currently) and their personal resources
- asking individuals and families what they consider their strengths to be
- inquiring about past challenges and what strengths were used to manage these situations
- being clear about child protection concerns and potential outcomes
- being present and future orientated wherever possible
- asking individuals what their goals are and their ideas on how they can be achieved
- supporting the development of a positive view of the future and establishing realistic goals
- framing problems/challenges as temporary and solutions/change as possible



- wherever possible co-constructing solutions to problems, avoiding taking over and dictating what needs to happen
- using positive language when talking about and to the child, young person, family or carer
- identifying significant people who can provide support and reinforce strengths
- highlighting what has worked well in the past
- identifying and measuring change and progress
- acknowledging and praising change
- reflecting on and challenging potential biases that may be impacting working from a strengths based perspective (refer to the [Bias in Child Protection Practice Practice Paper](#) for further information).

## 4. Reflecting on strengths based practice

Practitioners are better able to develop skills when they engage in reflective practice as an individual, as well as with their leaders and team. All practitioners are encouraged to seek feedback about their strengths based practice, and to reflect on and discuss their progress in supervision.

In supervision or a team meeting, discuss one of your cases and consider the following:

- identify three strengths for the child or young person, parent and the carer (if the child or young person is in care)
- consider whether you have highlighted these strengths to the individual. If not, set a goal of talking about a strength in the next interaction
- in what ways do you think your practice and relationship with the individual could be enhanced through recognising and acknowledging their strengths?
- think back to a discussion or interaction that has not gone as well as you had hoped. Could focusing more on strengths have changed what happened?
- are some of the case plan goals aligned to strengths? If not, set a goal of being more strengths focused when you complete your next case plan and draft a strengths based goal for inclusion in the plan
- are you balancing your statutory authority and a collaborative approach? Are there more opportunities for increasing each individual's self-determination and participation in decision making?

## 5. Key Readings

Oliver, C. and Charles, G. (2015). Enacting firm, Fair and Friendly Practice: A Model for Strengths-Based Child Protection Relationships? *The British Journal of Social Work*, 46(4), 1009-1026.

<https://academic.oup.com/bjsw/article/46/4/1009/2472340>



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## Document control

Reference No./ File No.			
Document Owner	Lead Writer (name, position)		
Directorate/Unit: Quality and Practice	Principal Policy and Project Officer, Quality and Practice		
Accountable Director: Quality and Practice			
Commencement date	22 May 2023	Review date	22 May 2023
Risk rating <a href="#">Risk Assessment Matrix</a>	Consequence Rating	Likelihood	Risk Rating
	Minor	Unlikely	Low

REVISION RECORD		
Approval Date	Version	Revision description
April 2020	1.0	Final
5 May 2023	2.0	Reviewed per review cycle