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Strengths-Based Practice: The Evidence

A Discussion Paper

Dr Natalie Scerra

Research and Program Development
Social Justice Unit
UnitingCare Children, Young People and
Families

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Prepared by Dr Natalie Scerra, Principal Researcher

Contact Person:

Sally Cowling, Manager, Research & Program Development

Social Justice Unit

UnitingCare Children, Young People and Families

PO Box W244, Parramatta NSW 2150

Phone 02 9407 3230, Fax: 02 9687 6349

Email: scowling@burnside.org.au

Website: www.childrenyoungpeopleandfamilies.org.au

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Overview of Strengths-Based Practice

This literature review aims to extend on the contribution of Dianne Nixon's (2002) seminal paper on strengths-based approaches in Burnside, through identifying if an evidence base has been established.

A strengths-based approach is a philosophy for working with individuals, families, groups, organisations and communities (O'Neil, 2005). It is an ecological perspective that recognises the importance of people's environments and the multiple contexts that influence their lives (Saint-Jacques, Turcotte, & Pouliot, 2009). This perspective recognises the resilience of individuals and focuses on the potentials, strengths, interests, abilities, knowledge and capacities of individuals, rather than their limits (Grant & Cadell, 2009). It is in this way that a strengths-based approach is seen to differ from traditional deficit models.

As outlined in Saint-Jacques, et al. (2009) the strengths-based approach is based on six key principles:

- Every individual, family, group and community has strengths, and the focus is on these strengths rather than pathology
- The community is a rich source of resources
- Interventions are based on client self-determination
- Collaboration is central with the practitioner-client relationship as primary and essential
- Outreach is employed as a preferred mode of intervention, and
- All people have the inherent capacity to learn, grow and change.

As demonstrated in this paper, these principles can be enacted in different ways in a range of contexts to achieve positive outcomes and to empower the children, young people and families that use Burnside services.

Strengths-Based Case Management

Strengths-based case management (SBCM) has been successfully utilised largely with adults with mental health or substance abuse issues (Arnold, Walsh, Oldham, & Rapp, 2007). A pilot has used this approach with young people with successful results as outlined below. The SBCM model is based on strengths-based principles and "aims to assist individuals in identifying and achieving personal goals, with an emphasis on the case-manager relationship

and client self-determination” (Arnold, et al., 2007, p. 86). As outlined by Rapp (1998 in Arnold, et al., 2007) this is achieved through:

1. A focus on individual strengths rather than pathology, diagnosis or labels
2. Viewing the community as abundant in resources
3. Interventions that are based on client self-determination
4. The primary and essential nature of the manager-client relationship
5. Aggressive outreach as the preferred mode of intervention
6. A belief that people can learn, grow and change.

Key research findings:

- In the context of adults with substance abuse issues, Rapp (2006) found that positive outcomes in the areas of drug use, employment and criminal justice involvement were evident. There was also some evidence to suggest that retention in treatment was higher for those that received SBCM.
- In their pilot of SBCM with high-risk youth who had previously run away from home, Arnold et al. (2007) found that the model was successfully implemented with few modifications. Young people were found to take assertive means to improve their lives. However, recognition of the limitations on young people to achieve self-determination (e.g. financial dependence on parents) meant that there was sometimes a struggle for case managers to maintain a strengths-focus.
- Early evidence has also supported the use of SBCM in working with grandparents with custody of their grandchildren. It was found that it fostered a sense of independence and self-assurance among grandparents and enhanced levels of confidence to nurture and support their grandchildren (Whitley, White, Kelley, & Yorke, 1999). There is also evidence that the SBCM model has been used in this context to empower grandparents in their caregiver role in long-term funded initiatives (Kropf & Robinson, 2004).

Working with Children, Young People and Families

Tehan and McDonald (2010) state that employing strengths-based approaches with parents increases program effectiveness and improves parental engagement with services. When working with fathers in particular, this approach is considered to address some of the issues impacting on engagement by resisting an expert approach, recognising current contributions of fathers and addressing stereotypical ideas about the role of fathers in their child’s health and development (Tehan & McDonald, 2010).

Price-Robertson (2010) suggests that strengths-based approaches to working with young parents shifts away from the 'at-risk paradigm' associated with this group. Instead, strengths-based approaches shifts this perception to one where young parents are seen to be experiencing challenging outcomes but are able to achieve positive, age-appropriate outcomes given the right support. By using a strengths-based approach Price-Robertson (2010) argues that not only existing problems and risk factors minimised, but that young parents have the opportunity to identify their own strengths and work towards achieving positive personal and interpersonal outcomes.

Some key research findings:

- An evaluation was conducted of a South Australian early intervention program supporting families with children between 5 and 13 years, at risk of disengaging from education (Lawless, Biedrzycki, & Hurley, 2008). This evaluation interviewed children, families and stakeholders, such as teachers. Children, their carers and stakeholders reported positive outcomes from involvement with the program. Stakeholders reported positive outcomes for children that were seen to facilitate children's re-engagement with education. Lawless, et al. (2008) also found that carers and stakeholders interviewed valued the strengths-based approach used by this program.
- When looking at the effectiveness of parent education programs in preventing child maltreatment, a key feature of good parent education programs included the use of a strengths-based approach (Holzer, Bromfield, & Richardson, 2006). The use of a strengths-based approach was found to achieve more positive outcomes than programs using a deficit perspective.
- Walker and Shepherd (2008) looked at the evidence base for strengthening family functioning among Aboriginal families. Two case studies of strengths-based approaches were provided as they were seen to support and enhance protective elements of good family functioning. These programs were considered as examples of simultaneously strengthening Aboriginal family functioning and addressing the risk factors that are associated with negative family functioning.
- Learning Together (Literacy) Project: literacy and early learning program delivered through facilitated playgroups, for Indigenous and non-Indigenous families with children under 4 years. According to Walker and Shepherd (2008, p. 7) positive outcomes included:
 - improved parent and child engagement, parent enrolment in further study, improved connections for families with a range of children's and family services, increased parent confidence and understanding in supporting children's learning, and enhances opportunities to improve their socioeconomic circumstances.*
- Jalaris Aboriginal Corporation: work with marginalised Aboriginal families to improve health, child development and family functioning. Their model of good practice has been recognised nationally for improving Aboriginal

child health and family wellbeing while reinforcing the inclusion of an Aboriginal worldview into practice to achieve Aboriginal solutions (Walker & Shepherd, 2008).

- A study by Cox (2006) looked at the impact of using a strengths-based assessment tool- Behavioral and Emotional Rating Scale (BERS) with children and young people with behavioural or emotional disorders. Child functioning outcomes were found to be significantly better for those who received the BERS assessment in comparison to those that received the usual deficit-based assessment tool. However, this result was only found when the therapist had a strong strengths-based orientation.
- Cox (2006) also found that higher parental satisfaction was also associated with the use of the strengths-based assessment tool. Lower rates of missed appointments were also evident.

Strengths-based practice in child protection

Signs of Safety is a strengths-based strategy that takes a collaborative approach to working with families where child protection is an issue (Turnell, 2010). This approach stemmed from identified needs within the traditional risk assessment framework inherent in child protection practices. This risk assessment is described by Turnell (2010) as being too judgemental, forensic and intrusive. The best child protection approach is considered to be both forensic and collaborative, whereby all stakeholders have full involvement with the process.

Whilst the Signs of Safety achieves this medium between a problem and strengths-based solution focus through a planning and assessment framework that contains four domains of inquiry. These look at:

1. What are we worried about? (past harm, future danger, complicating factors)
2. What's working well? (existing strengths and safety)
3. What needs to happen? (for future safety)
4. Where are we on a scale of 0 to 10? (0= certain that abuse will occur, 10= enough safety to close case)

When using this framework there should be: a clear and rigorous understanding of the distinction between past harm, future danger and complicating factors; a clear and rigorous distinction made between strengths and protection; straight-forward rather than professionalised language used; a focus on specific, observable behaviours and an avoidance of judgement-loaded terms; skilful use of authority; and an underlying assumption that the assessment is a work in progress (Turnell, 2010).

Some key research findings:

This approach has been used in a range of contexts and is adaptable to suit the specific requirements (e.g. Milner & Singleton, 2008).

- A 'before and after' qualitative study in Carver County Community Social Services, Minnesota, found increased client satisfaction during the first year (Westbrock, 2006 in Turnell, 2010). Over a three year period it was found that out-of-home placements had trended downward with 2008 placements more than half of those from 2005. Termination of parental rights was experienced by only 6 families in comparison to 21 prior to the three year period of the study (Turnell, 2010).
- A UK domestic violence intervention used the Signs of Safety approach with men and women perpetrators of violence. Of the thirty men and sixteen women who participated and completed, all were reportedly violence-free at program completion¹. There was a 26.5% drop out rate but this was favourable in comparison to other self-referred programs in the UK. Reoffending rates for those who dropped out of the program were comparable to national rates of reoffending (Milner & Singleton, 2008).

Strengths-Based Group Practice

The application of strengths-based principles in social work with groups has been found to be successful (Lietz, 2007). To demonstrate this, Lietz (2007) identifies 3 groups that have successfully implemented this approach:

1. Single-parent support group: group members worked together to establish group purpose and content, taking on research and presentation roles on a range of topics. Engagement in the program exceeded that previously achieved, whereby regular attendance and active participation was achieved.
2. Residential treatment group (10-13yrs, multicultural, with severe emotional and/or behavioural problems): group members determined group purpose and decided to teach each other how to make a dish meaningful to their culture. Participants developed increased leadership, confidence and commitment to the group with a decrease in negative behaviours evident in other groups.
3. Daily unit group (boys attending school, transitioned to units at night): focus of the group was on building resiliency through activities focusing on different aspects including: insight, humour, relationship, independence, initiative, morality/spirituality, and creativity. This focus on positive factors rather than negative was seen to be successful in increasing an open and supportive environment that moved away from negativity.

¹ Based on self-reports and partner reports of violence

Measuring the Implementation of Strengths-Based Practices

The extent to which a strengths-based approach is implemented by services has been raised by Green, McAllister and Tarte (2004). According to Green, et al. (2004) the outcomes of strengths-based programs can only be understood once the program's consistency with the strengths-based approach is determined. In order to make this determination, the Strengths-Based Practices Inventory (SBPI) was developed (Green, et al., 2004).

The SBPI is a tool that was developed in an early childhood education and family support program context. It assesses the extent to which services reflect strengths-based practices, by looking at parent's experiences of the service. The 16 item scale is loaded across four factors (Green, et al., 2004):

- Empowerment approach: build on family strengths and skills
- Cultural competency: sensitive and responsive to cultural background and beliefs
- Staff sensitivity-knowledge: knowledgeable and sensitive to family needs
- Relationship-supportive: facilitate relationships with other parents and community members.

In the study by Green, et al. (2004) it was found that the SBPI is sensitive to differences between programs in the extent of strengths-based practice. There were some limitations to this study. The SBPI was found to be related to some expected outcomes including family empowerment and family support (consistent with the Empowerment factor). However, due to the limited outcomes addressed by this study, the significance of other factors across the scale was not clear (Green, et al., 2004).

Learning Strengths-Based Perspectives

The learning of strengths-based practices is largely discussed in relation to staff who have come from a background using deficit or problem focused approaches.

Some key research findings:

An evaluation report into the implementation of strengths-based practices in Children's Services (Benevolent Society, 2009) identified some important techniques for promoting continued learning around strengths-based practice.

- Regular learning circles provided opportunities for participants to reflect on their practice and to share strategies to implement the strengths-based approach effectively. These learning circles were attended by various levels of staff including the Director.
- Ninety-five percent of respondents to the online evaluation survey agreed that the learning circles provided peer learning relationships.

- The information gleaned from the learning circles was distributed to all staff through a newsletter, which contained case studies and practical tools to support the implementation of strengths-based practices.
- The newsletter was found to be highly valued by staff. The relevance of the newsletter to staff was increased by the fact that it emerged from the learning circle discussions.

A study conducted by Palmer-House (2008) into what family workers trained in strengths-based family support learned that helped them to empower families found that there were three developmental stages in worker learning:

- Socialisation or learning to implement a strengths-based approach: developing support networks with supervisors, co-workers, interagency colleagues, professional and community based groups etc. Through socialisation within these networks, staff developed the knowledge and skills to empower others.
- Internalisation or resolving dissonance about limited abilities to mediate barriers to family empowerment: the recognition that they are often restricted by environmental factors (funding, legislative reforms etc.) can be addressed by internalising the strengths-based principles. Staff empower themselves and can continue to support families when outside influences may serve to disempower both staff and families.
- Identification or recognition of tacit assumptions and the cultural context of empowerment: staff with the most experience recognised that their tacit assumptions influenced the way they worked with families. The impact of this influence on practice evolved over time and was informed by strengths-based learning.

This study provided only a brief overview of the strengths-based training, identifying 90-hour and a 120-hour programs delivered in the United States (Palmer-House, 2008).

Critiques of Strengths-Based Perspectives

There are limited critiques of strengths-based perspectives, the most common being that it is considered to be at odds with deficit or problem focused approaches (e.g. McMillen, Morris, & Sherraden, 2004). However McMillen, et al. (2004) acknowledge that current strengths-based practices recognise the need to address problems within the practice contexts. The Signs of Safety approach takes this further with an integrated approach which incorporates both problems and strengths into a practice framework (Turnell, 2010).

However Gray (2011) recently identifies some points that emerge when examining the perspective from a philosophical standpoint:

- The focus on notions of self-help and self-responsibility do not adequately recognise the structural inequalities in society that can impinge on personal and social development. The strengths-based perspective is described as eschewing individualism yet “its view of the rational determining autonomous self is essentially individualistic” (Gray, 2011, p. 8).
- Gray (2011) considers that the focus on communities and social networks evident in strengths-based practice refocuses attention away from government responsibility to address the social inequalities in society.

There is also a clear lack of empirical support for strengths-based approaches (Gray, 2011; Nixon, 2002; Saint-Jacques, et al., 2009), with evidence of effectiveness limited to descriptive case studies of successful applications (Gray, 2011). Saint-Jacques, et al. (2009) states that many of the studies conducted have produced mixed results.

A study by Lietz (2011) considered the implementation of strengths-based principles in family-centred practice. It was found that nearly half of families’ descriptions of services were not indicative of strengths-based principles. Lietz concluded that increased attention to the adherence to the principles of strengths-based practice is needed.

Conclusion

The current evidence provides support for the use of strengths-based practices in working in a variety of contexts with children, young people and families. A consistent message was that strengths-based practices were associated with greater engagement with service users. Much of the literature found that strengths-based practices were linked to positive outcomes being achieved. However, only one study could conclude that strengths-based practices achieved more positive outcomes than deficit approaches (Holzer, et al., 2006) due to a lack of comparative studies. Greater empirical research that measures outcomes comparatively is needed to determine whether a strengths-based approach achieves greater positive outcomes and change than other models.

The Signs of Safety model can be considered as a promising collaborative approach which incorporates the essential elements of both strengths-based and deficit approaches. The evidence supported this model in a range of contexts for working with children, young people and families. On a final note, the importance of ensuring a program is strengths-based in more than name alone was recognised (Lietz, 2011). This can be addressed through strengths-based measures such as the Strengths-Based Practices Inventory, which can enable programs to reflect on the way in which they implement a strengths-based approach.

References

- Arnold, E. M., Walsh, A. K., Oldham, M. S., & Rapp, C. A. (2007). Strengths-Based Case Management: Implementation with high-risk youth. *Families in Society, 88*(1), 83-94.
- Benevolent Society. (2009). Strengths Based Practice in Children's Services Project. Sydney: The Benevolent Society.
- Cox, K. F. (2006). Investigating the Impact of Strengths-Based Assessment on Youth with Emotional or Behavioral Disorders. *Journal of Child and Family Studies, 15*(3), 287-301.
- Grant, J. G., & Cadell, S. (2009). Power, Pathological Worldviews, and the Strengths Perspective in Social Work. *Families in Society, 90*(4), 425-430.
- Gray, M. (2011). Back to Basics: A critique of the strengths perspective in social work. *Families in Society, 92*(1), 5-11.
- Green, B. L., McAllister, C. L., & Tarte, J. M. (2004). The Strengths-Based Practices Inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society, 85*(3), 27-334.
- Holzer, P. J., Bromfield, L. M., & Richardson, N. (2006). The Effectiveness of Parent Education Programs for Preventing Child maltreatment. *Australian Institute of Family Studies, Research Brief, No. 1*.
- Kropf, N. P., & Robinson, M. M. (2004). Pathways into Caregiving for Rural Custodial Grandparents. *Journal of Intergenerational Relationships, 2*(1), 63-77.
- Lawless, A., Biedrzycki, K., & Hurley, C. (2008). Families Empowered: A strengths based approach: An evaluation of FEAT. Adelaide: South Australia Department of Health.
- Lietz, C. A. (2007). Strengths-Based Group Practice: Three Case Studies. *Social Work with Groups, 30*(2), 73-87.
- Lietz, C. A. (2011). Theoretical Adherence to Family Centered Practice: Are strengths-based principles illustrated in families' descriptions of child welfare services? *Children and Youth Services Review, 33*, 888-893.
- McMillen, J. C., Morris, L., & Sherraden, M. (2004). Ending Social Work's Grudge Match: Problems versus strengths. *Families in Society, 85*(3), 317-325.
- Milner, J., & Singleton, T. (2008). Domestic Violence: Solution-focused practice with men and women who are violent. *Journal of Family Therapy, 30*, 29-53.

- Nixon, D. (2002). A Review of Strengths-Based Practice: What informs strengths based work outside and inside of UnitingCare Burnside? : UnitingCare Burnside.
- O'Neil, D. (2005). How Can a Strengths Approach Increase Safety in a Child Protection Context? *Children Australia*, 30(4), 28-32.
- Palmer-House, K. E. (2008). The Perceived Impact of Strengths-Based Family Worker Training: Workers' learning that helped empower families. *Families in Society*, 89(3), 428-437.
- Price-Robertson, R. (2010). Supporting Young Parents. *Australian Institute of Family Studies, CAFCA Practice Sheet, December*.
- Rapp, C. A. (2006). Strengths-Based Case Management: Enhancing treatment for persons with substance abuse problems. In D. Saleebey (Ed.), *The Strengths Perspective in Social Work Practice* (Fourth ed., pp. 128-147). Boston: Pearson Education Inc.
- Saint-Jacques, M., Turcotte, D., & Pouliot, E. (2009). Adopting a Strengths Perspective in Social Work Practice with Families in Difficulty: From theory to practice. *Families in Society*, 90(4), 454-461.
- Tehan, B., & McDonald, M. (2010). Engaging Fathers in Child and Family Services. *Australian Institute of Family Studies, CAFCA Practice Sheet, September*.
- Turnell, A. (2010). The Signs of Safety: A comprehensive briefing paper: Resolutions Consultancy Pty Ltd.
- Walker, R., & Shepherd, C. (2008). Strengthening Aboriginal Family Functioning: What works and why? *Australian Family Relationships Clearinghouse, AFRC Briefing, Number 7*.
- Whitley, D. M., White, K. R., Kelley, S. J., & Yorke, B. (1999). Strengths-Based Case Management: The application to grandparents raising grandchildren. *Families in Society*, 80(2), 110-119.

Prepared by Dr Natalie Scerra, Principal Researcher

Contact Person:
 Sally Cowling, Manager Research & Program Development
 Social Justice Unit
 UnitingCare Children, Young People and Families
 PO Box W244, Parramatta NSW 2150
 Phone 02 9407 3215, Fax: 02 9687 6349
 Email: scowling@burnside.org.au