



Leading strengths-based practice frameworks

Introduction

The purpose of this briefing is to explore how leadership activity and organisational cultures and structures affect the ability of practitioners to adopt and use strengths-based approaches. It provides an introduction to the theoretical underpinning and practical application of strengths-based approaches, explores messages from research and highlights issues leaders need to consider in relation to:

- > how organisational culture and climate affect practice
- > implementing changes and the adoption of new approaches
- > sustaining change through ongoing learning and development.

The content is relevant to leaders of all organisations working with children and families, even if they are not currently promoting strengths-based practice.

Why strengths-based practice?

Strengths-based approaches have been identified as a core component of effective social work and family support (Sebba et al, 2017). There is specific evidence that particular strengths-based practice techniques (Family Group Conferencing and Motivational Interviewing) are effective at increasing family participation and improving outcomes for children (Schrader-Macmillan et al, 2016).

Strengths-based practice is not a new idea. It developed in response to conceptualisations of child and family social work (Pattoni, 2012) such as that of the ‘deserving and undeserving poor’ which shaped the dispensation of support by Victorian-era charities. Another was the fear that paternalistic delivery of welfare casework created dependency on ongoing professional support (Lymbury, 2005).

Drawing on family strengths and identifying them as protective factors to counter risk to children has long been part of the assessment framework for children’s social care in England (Department of Health, 2000).

In 2018 many local authorities and individual practitioners describe themselves (in strategy documents, for instance) as ‘doing strengths-based’ practice. Nevertheless, reports from children and families, and practitioners themselves, show that, if a strengths-based framework for practice is being used, it is often not used consistently (Wilkins and Whitaker, 2018). This briefing explores some of the challenges and barriers to enacting consistent and thoughtful use of strengths-based approaches and how organisations can develop frameworks for practice that remove some of these barriers.

Strengths-based techniques

The role of the practitioner is to work with families to develop different ways of thinking about their experiences and difficulties, and support change by:

- > understanding their lived experience as a whole, providing narrative and context around family difficulties
- > identifying and building on family strengths and assets, supporting feelings of self-efficacy
- > building and modelling a trusting and effective positive relationship, based on honesty and openness
- > supporting social networks and connections between the family and the wider community, supporting resilience through relationships.

(Rapp et al, 2006)

Specific techniques for working *with* children and families underpinned by a strengths-based theoretical framework include:

- > Family group conferences (FGCs) or family-led planning meetings.
- > Motivational interviewing, which draws on psychological theory to enable families to tell their story in their own words, and uses open questions to encourage reflection (Forrester et al, 2018).
- > Techniques from solution-focused therapy, for example ‘miracle questions’, coping questions.
- > Restorative practices, such as restorative circles.

(Woods et al, 2011; Watchell and McCold, 2003, Forrester et al, 2018)

There is some evidence that these techniques are effective when delivered with fidelity to their underlying principles (Schrader-McMillian et al, 2017). They are formalised examples of more general skills that strengths-based practitioners need. The list of skills and techniques is extensive, but examples include:

- > Shifting conversations to be about strengths, rather than deficits - enabling a positive narrative about potential for change (Oliver, 2014).
- > Engaging with families as partners, listening to and supporting their own goals and aspirations.
- > ‘Verbally contain[ing] individuals through the conversations that [we] have’, helping families to feel safe to explore ‘unbearable feelings’ and ‘unthinkable thoughts’ (Ruch et al, 2011).
- > Balancing multiple perspectives and narratives about the family, and keeping an open mind about what might need to happen next.

Evidence from a range of studies suggests that families respond to practitioners that act with empathy, openness and humility, who, whilst they must make judgements, do so without blame and with respect for the attempts of the family to navigate the complexities of family dynamics and everyday life (Care Crisis Review, 2018). Research into parents’ experiences of social work services reveals that this is rarely families’ experience (Oliver, 2010; Birmingham City Council, 2015).

Why social work practice matters

The *Munro Review of Child Protection* highlighted that what social workers do and how they work with families has frequently been 'invisible' within both policy and research (Forrester, 2008; Munro, 2011). The focus of policy and guidance has been on the content of written assessments, case records and plans which are outputs of direct work with families, rather than the work itself. There has been '*a curious absence... of any considered attention to the core dynamics, experience and methods of doing the work*' (Ferguson, 2008, as quoted in Munro, 2011).

A significant amount of research has since been published about the everyday experience and practice of social workers in local authorities (see in particular the work of Harry Ferguson and Donald Forrester). Much of it makes for uncomfortable reading for managers and leaders with responsibility for staff wellbeing and the quality of services that children and families receive.

Social work requires practitioners to make judgements and provide support to families in complex and sometimes frightening situations, with limited time, resources or skills. They may be asked to balance unclear or conflicting organisational priorities and fear retribution if they fail to do so, but the management oversight to guide them may not be adequately provided. This can lead to defensive practice (aimed at protecting themselves from criticism), which families often experience as confrontational, judgemental and adversarial (Broadhurst et al, 2009; Ferguson, 2016).

In an attempt to resolve, or at least acknowledge, the ambiguity and complexity of social work, leaders and managers of social work organisations have started to think about:

- > What social workers do – the role of social workers in supporting families.
- > How social workers work – what techniques do they use with families?
- > Why social workers do what they do – what values, theories and knowledge inform social work practice?
- > How can organisations support and develop social workers that can most effectively support families?

(Teather, 2014)

The role and function of social work as a profession is particularly contested and confused. Moriaty et al (2015) reviewed the literature and identified a range of potential functions:

- > **Facilitators**
Helping others to reach their objectives.
- > **Gatekeepers**
Managing access to resources.
- > **Regulators**
Controlling socially unacceptable behaviours.
- > **Upholders**
Upholding people's rights.
- > **Advocates**
Supporting individuals to bring about change, and/or calling for change on a larger scale.
- > **Partners**
Working with and on behalf of disadvantaged individuals and groups.
- > **Assessor of need and risk**
Identifying the types of help or level of intervention that a family needs.
- > **Care manager**
Arranging access to support and services provided by others.
- > **Agent of social control**
Acting to maintain the current social order.
(Moriarty et al, 2015)

Legislation, guidance and organisational culture in recent years has placed significant emphasis on the gatekeeper, assessment and care management roles. In contrast, the global definition of social work adopted by the IFSW defines social work as promoting social change and individual wellbeing:

*Social work is a practice-based profession and an academic discipline **that promotes social change and development, social cohesion, and the empowerment and liberation of people.** Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures **to address life challenges and enhance wellbeing.***

Definition approved by the IFSW General Meeting and the IASSW General Assembly 2014 (emphasis added).

Individual practitioners will have their own ideas about why and how their practice makes a difference to families. When practitioners see themselves and their role differently to their employing organisation (role ambiguity), or when resource constraints and the organisational context are perceived to be barriers to doing the work that practitioners value, (role conflict), job satisfaction and staff retention can suffer (Moriarty et al, 2015).

This has led some organisations to consider ‘what do social workers do here, in our organisation? In doing so, they consider the theoretical underpinnings of social work practice, the evidence for the effectiveness for particular approaches and, crucially, the values that shape the practice of everyone within the organisation.

The foundations of social work practice

Social work theory draws on several disciplines (including psychology, psychotherapy, sociology and philosophy) to inform the analysis and definition of issues and shape direct work with families. Different theories provide a different lens, some identify the roots of family difficulties in individual psychology, or in family dynamics; others focus on interactions between individuals, families and wider society (Teater, 2014; Trevithick, 2008).

The same theories can also be used to understand practitioners’ own experience and inform understanding of how organisational climate and culture influences practice. This reflexive use of theories of behaviour and psychology to think about how systems and practitioners work turns the focus onto how **we**, as people, behave, rather than how a particular ‘type’ of person or family behaves (Gupta et al, 2016).

Theories inform the systems we develop and, within these, the values, attitudes, activities and techniques of practice. Theories help social workers to develop ideas about specific things to say and do when working with families:

- > **What to talk about with families to understand their situation**
Do we focus on the past, present or future? How do we talk about what has happened and what might happen?
- > **Ways of thinking and talking about family difficulties**
How do we analyse the family’s ‘voice’ and story? How do we define goals of working together?
- > **Ways of helping families to achieve these goals**
How best to support them to change?
- > **Ways of acting, feeling and being with families**
How do individual workers persuade families they can be trusted to understand their difficulties and suggest helpful ways of improving their lives?

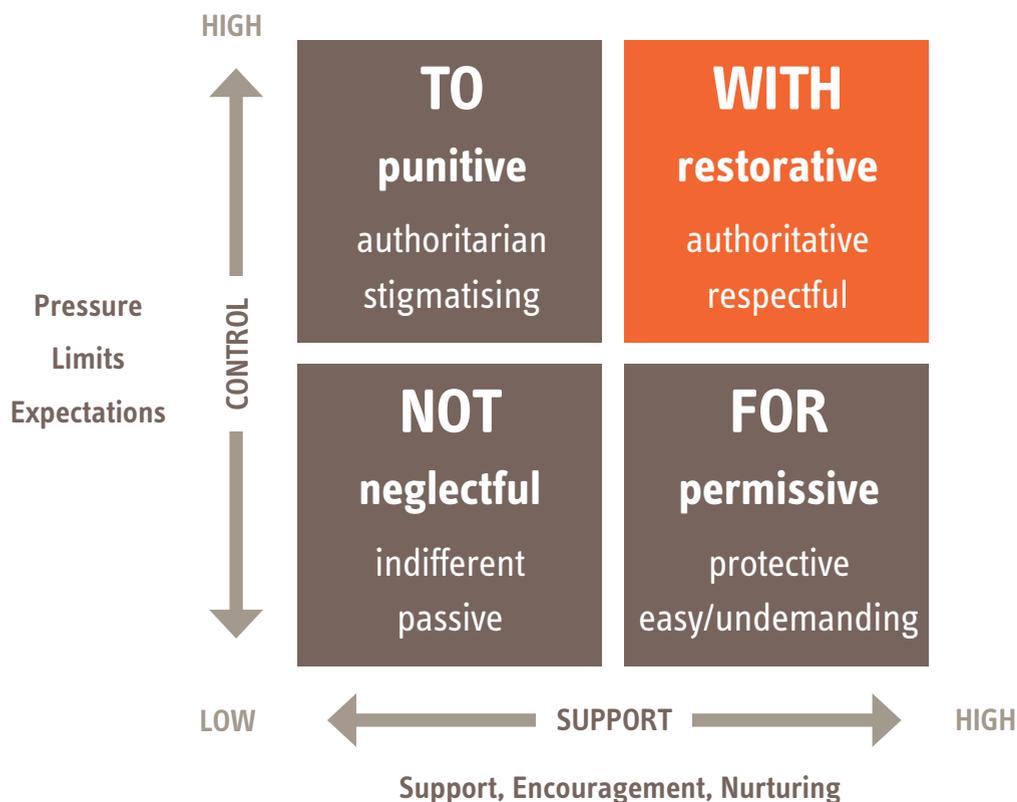
Strengths-based social work

In essence, strengths-based practices position the practitioner as supporting families to find their own solutions to their difficulties and the capacity to identify and pursue their own goals (Rapp et al, 2008; Pattoni, 2012).

Practitioners and practice frameworks may refer to themselves as strengths-based, as well as, or instead of, describing themselves as practicing restoratively, or relationally, or systemically. Practitioners in mental health may refer to 'recovery', others may refer to an 'asset-based' approach or 'resilience'. The terms are not mutually exclusive. All these ways of working are fundamentally focused on encouraging practitioners to **'work with' families, rather than working for them, or doing to them** (Pattoni, 2012).

The social discipline window (see diagram below) is used to understand the different ways that social norms and boundaries are maintained, through a combination of support and challenge:

- > **High challenge no support**
'Doing to' - telling families what to do with no support to help them do it.
- > **High support no challenge**
'Doing for' - not helping families to increase their own confidence to support themselves in the future.
- > **High challenge high support**
'Doing with' - combines clear expectations and a 'bottom line' about what needs to change with support to help families identify and pursue their goals towards meeting these expectations within appropriate and realistic timescales (Watchell and McCold, 2003).



The theoretical foundations of strengths-based practice connect and overlap with other social work theories about how individuals, families and communities operate (Barth, 2014). Related concepts include:

- > **Systemic practice**
Focuses on the interactions between individuals and the wider family and social system.
- > **Relationship-based practice**
Identifies the impact of early childhood experiences and unconscious emotional processes on our ability to form relationships.
- > **Psychoanalytic theories**
Conceptualise how we think about the world and our role in it, and the effect that has on our outward behaviour (Teater, 2014; Barth, 2014).

Critiques of strengths-based practice include the argument that the focus on the individual and their family networks does not sufficiently identify structural issues, such as poverty and oppression, that contribute to family difficulties. In emphasising the innate motivation and capacity of individuals and families to overcome their problems, practitioners can appear to be putting responsibility on them, echoing neo-liberal attitudes of individual responsibility for 'getting on' (Gray, 2009). In response, advocates see strengths-based approaches as a way to build non-oppressive relationships, a sense of empowerment and solidarity and provides a voice for individuals to explore the way social oppression affects them (Oliver, 2014).

Characteristics of strengths-based practice

Rapp et al (2006) identify the following characteristics of a strengths-based approach:

- 1. Goal-orientated**
Practitioners support families to identify their own goals and have techniques that help families to overcome barriers to imagining a better life.
- 2. Systematic assessment of strengths**
Tools and techniques to help families identify what is working well and how that can be built on to achieve goals.
- 3. See the environment as rich in resources**
Practitioners help families to identify opportunities, supports and resources from within their family, social groups and wider community.
- 4. Explicit tools are used**
To match strengths and resources to goal attainment.
- 5. The relationship between practitioner and family is 'hope-inducing'**
Through the identification of strengths and resources, the relationship should help the family to increase in confidence, perceive more options and choices and increase their ability to choose from those options.
- 6. The provision of meaningful choices and the family's freedom to choose**
The practitioner's role is to '*extend a list of choices, clarify choices and give the clients confidence and authority to direct the process.*'
(Rapp et al, 2006).

A **practice framework** provides a consistent set of approaches to social work practice, often including tools and prompts to guide the application of specific techniques in practice. Barbee et al (2011) argue that a practice framework can only be comprehensive when it sets out the organisational support that should be put in place, and approaches to evaluating fidelity and impact (see Figure 1 below).

There is some evidence that a clear practice framework supports improved social work practice by:

- > providing a clear set of expectations about what social workers should do (Ofsted, 2018)
- > improving the quality of assessment (Ofsted, 2015)
- > supporting the development of a shared language for talking with and about families, and the challenges they face (Godar and Holmes, 2016).

Developing and articulating a practice framework can encourage consistency of approach, mutual understanding and a shared purpose. These factors are associated with better multi-agency working and effective multi-disciplinary teams as well as with work across thresholds of need (Atkinson, 2007; Munro and Lushey, 2012).

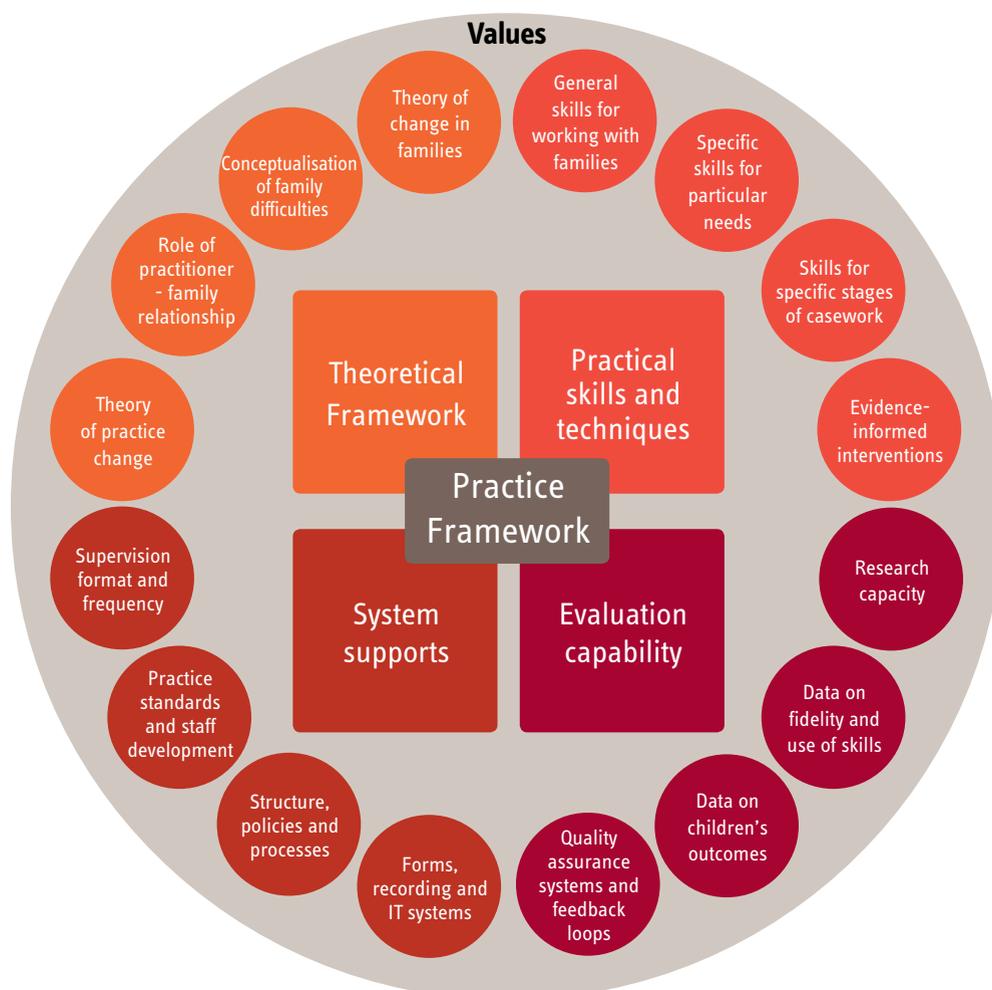


Figure 1: The areas covered by a practice framework, derived from Barbee et al, (2011)

Strengths-based practice frameworks

Signs of Safety is a strengths-based practice framework that provides practitioners with training, tools and (increasingly as the work evolves) organisational processes designed to improve adherence to strengths-based principles. This includes assessment and planning forms and tools that encourage practitioners to:

- > involve families in decision-making by using clear language that families can understand
- > be clear about what the risks are, while identifying strengths that might act as protective factors
- > hear and accurately record the child's voice.

Formal peer-reviewed evaluations of Signs of Safety's effectiveness are lacking, though early findings from small-scale evaluations are promising (Schrader-Macmillan et al, 2016). Local authorities implementing Signs of Safety as part of the Department for Education Innovation Programme are developing organisational processes - including reviewing the usefulness of timescale targets, changing recording processes and establishing appropriate quality assurance and performance measurements. This process has been challenging for authorities, in part due to the additional capacity and reflection time needed at a management level (Munro et al, 2016). Further findings are expected from the evaluation of Signs of Safety as part of Wave II of the Innovation Programme.

Some local authorities have developed their own practice frameworks. Motivational Social Work, developed in Islington, took as its foundation the theory and practice of motivational interviewing (See the 'One Minute Guide' summarising the model) here:

[www.proceduresonline.com/islington/childcare/user_controlled_lcms_area/uploaded_files/One_Minute_Guide - MSW Practice Evaluation.pdf](http://www.proceduresonline.com/islington/childcare/user_controlled_lcms_area/uploaded_files/One_Minute_Guide_-_MSW_Practice_Evaluation.pdf)

The authority considered how practitioners might be supported to use the techniques in a broader range of contexts, and how successful adoption of these techniques might be measured. The learning generated illuminates what practitioners need from a new practice framework. Practitioners were concerned:

- > that the theoretical foundation for broader use of motivational social work was under-developed
- > about the use of the framework with particular groups of families who practitioners felt weren't able to engage in the process, for example families facing mental health difficulties
- > about the use of motivational interviews in child protection cases, when clarity about concerns appears in conflict with strengths-based conversations.

(Lucock et al, 2017)

Using strengths-based practice in statutory child protection

The use of strengths-based practice in safeguarding and child protection raises particular issues. The central concern is that, when a practitioner applies an assessment lens that emphasises parental strengths, harm to children may be overlooked or unchallenged and practitioners intent on building relationships with adults in the family may lose focus on the child and their experience. In the face of public scrutiny and outcry about a child's death, the notion of 'working with' (rather than 'doing to') parents who go on to harm their child, can provoke a particularly harsh reaction (see, for example, Liddle, 2009).

Practitioners in statutory child protection services and other agents of the state (such as police officers, mental health and youth offending workers) need additional guidance in how to apply authority within or alongside a relationship-based approach.

Practitioners can find it challenging to be transparent with families about the possibility of using their authority, making use of their strengths. In particular, practitioners report challenges with:

Balancing a focus on the child and their needs while engaging in a supportive relationship with the whole family: Featherstone et al argue that the system design and terminology of 'child protection' foreground a perspective on children as individuals, and that this perspective limits opportunities to understand, work with and support the child with the family (Featherstone et al, 2013).

Using an empathetic approach that is also clear about concerns and what needs to change: Some practitioners fear that offering to work in partnership may lead parents to under-estimate the seriousness of the situation and the real possibility of their children entering care (Wilkins and Whittaker, 2018).

Time: Practitioners can struggle to balance the time needed to form a relationship with achieving change in the child's timescale (Ferguson, 2016). Some authorities have adopted a deliberately 'task-centred' methodology, as seen in the Islington Motivational Social Work project, and in the Family

Drug and Alcohol Courts. Here, the therapeutic benefits of a clear deadline in motivating change is exercised alongside methods and skills '*to elicit and elaborate the change talk necessary for goals to be confirmed and progress towards their achievement reviewed*' (Luckock et al, 2017).

Responding positively to families in the face of mistrust: Families with preconceptions about the aims and methods of social work as a means of removing children from families can be particularly resistant to forming any kind of relationship with the practitioner (Wilkins and Whittaker, 2018).

Using strengths-based approaches with families with particularly complex or chaotic needs: Some practitioners, in some situations, find it challenging to avoid directive behaviour, particularly if they have concerns about the parents' capacity to engage with decision-making, or to make the 'right' decision.

Reflective practice when a practitioner experiences visceral responses (such as fear, disgust, rejection): In particular working with perpetrators of domestic violence, but also young people and parents whose responses to offers of help are experienced as defensive or hostile (Oliver, 2014; de Boer and Coady, 2006). Understanding the impact of trauma and attachment difficulties on both adults and young people can help practitioners reflect on the root causes of these behaviours, how they may be coping mechanisms for past or current trauma, and think actively about how to ensure practice responses do not re-traumatise the people intended to support.



Further reading

See also the Research in Practice *Frontline Briefing on Trauma-informed approaches with young people*: www.rip.org.uk/resources/publications/frontline-resources/traumainformed-approaches-with-young-people-frontline-briefing-2018

In this light many of the systems, structures and processes of safeguarding and child protection can be seen as barriers to strengths-based practice:

- > Traditional child protection conferences, for instance, are designed around inter-professional discussion and are often weighed down in procedural language and jargon so that, even where families are present, they find it challenging to participate at all, let alone as equal partners in decision-making.
- > Support to parents in the wake of a decision to remove a child from their care has been scant or entirely absent. In a system designed to focus on the child, family support is withdrawn when a child is removed, a point at which parents might most value a supportive and empowering relationship.

It does not have to be this way. Even where the social work relationship has not resulted in the desired outcome, practitioners can help parents to identify their strengths in the decisions and actions taken through the process. For example, a mother interviewed by de Boer and Coady (2006) after the removal of her children reported that the practitioner's understanding that her decision not to contest permanent placements for her children '*came from a caring, rather than a neglectful stance*' is something she still remembers and values years later (the role of social work leaders in challenging this environment is discussed in the section on organisational enablers and barriers to strengths-based practice on page 14).

Family group conferences (FGCs) include private time in which families make their own plans to present to professionals and demonstrate how changing structures can support different ways of thinking about and working with families:

- > **A division of responsibilities**
The FGC is facilitated by someone other than the allocated social worker. Practitioners report that FGC coordinators play a crucial role in reminding practitioners of the value of participation and providing expertise in getting families to engage with the process.
- > **Trusted mediators**
Families felt that FGC coordinators were independent and had no pre-conceived ideas about the family, facilitating better communication (Munro et al, 2017).

The Leeds Family Valued project has radically expanded the capacity and context in which FGCs are used, for example as an alternative to initial child protection conferences and in working with families where domestic violence is an issue. Eligibility criteria include attention to whether families are already engaging with support, and whether risks for the child can be safely contained in the lead-in time to the conference being held (Mason et al, 2017).

Strengths-based supervision and management

Supervision and management oversight are the core processes through which practitioners experience organisational priorities, values and culture. It is through supervision that a practice framework translates into actual practice, and through management activity that practitioners understand what their organisation values (for instance in the feedback they receive on how well their practice complies with organisational expectations).

Management oversight needs to provide a framework within which practitioners are clear about what they can commit to with families and what might require managerial authorisation. For families, trust that practitioners ‘say what they mean and mean what they say’ is a crucial element in building effective working relationships, particularly when they have had previous negative experiences of engaging with services (Ruch, 2011). Management oversight should provide practitioners with a sense of security and containment and needs to be underpinned by the values and theories of strengths-based practice, if it is not to undermine the work of practitioners (Forrester et al, 2013).

Strengths-based practitioners need to navigate the cognitive and emotional complexities of ‘the system’ in tandem with addressing the complexities of families’ everyday lives (Broadhurst and Mason, 2014). They need to make decisions ‘in the moment’ about how to act and what to say, but also to consider the whole picture of multi-agency practice interactions with the family to determine what to do next (Ferguson, 2015). Opportunities to reflect are crucial.

The ‘emotional labour’ of working in partnership with families must be recognised and contained. Emotional or defensive responses can inhibit the empathy required to identify strengths and establish a trusting relationship, while a sense of frustration can lead practitioners to miss opportunities to engage (Oliver, 2014). Without adequate support for practitioners, building empathic relationships can contribute to burnout. The work also requires careful exploration of professional ethics (Ruch et al, 2011).

Developing a supervision framework that reflects the principles and processes of the practice framework helps to develop consistency of approach across supervisors. Like a practice framework, a supervision framework considers the theory, skills, organisational context and quality assurance of supervision (Frey et al, 2012). The nature of supervision should reflect the values and ‘theory of change’ that underpins the practice framework. Drawing on strengths-based principles, the supervision of strengths-based practitioners will:

- > be based on an open and trusting relationship between practitioner and supervisor
- > identify the individual practitioner’s strengths and the opportunities to use these in their work with families
- > engender a sense of co-production and self-efficacy by ensuring decisions are taken in partnership
- > be an environment in which practitioners and managers can give and receive honest and constructive feedback about each other’s practice.

Thus supervisors will model skills and techniques that practitioners need to use with families. Strengths-based supervision should give practitioners the experience of being on the receiving end of strengths-based techniques, increasing their sense of empathy with the families they work with. Strengths-based approaches to management and staff development may increase feelings of self-efficacy and confidence in practitioners, which in turn can influence staff retention (Oliver, 2014).

Supervision should directly support practitioners to:

- > **Build trusting relationships with families**
Practitioners need to know that management decision-making will give due weight to relationships with the family that the practitioner has developed, and will recognise that data and written files do not provide the in-depth knowledge of and feeling for a family that a practitioner's expertise may provide (Oliver, 2014).
- > **Consider multiple perspectives**
Managers should help practitioners to continually question assumptions and conclusions about families, introducing alternative points of view or strategies for unsticking difficult issues.
- > **Manage the emotional impact of the work**
Supervision should be an opportunity for practitioners to explore the emotional impact of their work, to take a step back and think about their own response to families and how this might influence their judgement about the child's wellbeing (Ruch et al, 2011).
- > **Talk about and model power and authority**
Just like the practitioner's relationship with the family, the practitioner-manager relationship is one of unequal power, and this needs to be acknowledged when negotiating the relationship.
- > **Reflect on the practitioner's value base**
Strengths-based practices may or may not align with an individual practitioner's professional values. There is little evidence of the discussion of values in practice supervision. Revisiting the value base for the work may support practitioners to work in participatory ways (Wilkins and Whittaker, 2018).

In actively engaging with peers and professionals from other disciplines we mirror strength-based direct practice, drawing on social networks to increase capacity and see different ways of conceptualising families' challenges (Oliver, 2014; Munro, 2016; Panayiotou et al, 2017). Techniques for running group supervision sessions are designed to protect against the tendency for discussions to become overly critical or argumentative - see tools 8 and 9 and the video here:

www.rip.org.uk/resources/publications/practice-tools-and-guides/reflective-supervision-resource-pack-2017

For more on reflective supervision see the Research in Practice Resource Pack.

Organisational enablers and barriers to strengths-based practice

Strengths-based practice should ‘*extend through every rank of the organisation*’, with leaders able to demonstrate their understanding of the benefits and challenges of working in this way (Oliver, 2014). Local policy and guidance must acknowledge and seek to address systems and structures which inhibit strengths-based practice. Defensive practice and a focus on deficits may be transmitted through language such as ‘troubled families’, ‘thresholds’, ‘risk management’ and ‘intervention’ (Featherstone et al, 2014) and promoted through:

- > systems in which access to services and support is rationed through thresholds determined by levels of risk
- > decision-making processes that centre on professional voices and inhibit family participation
- > IT systems and recording requirements that do not require practitioners to consider family strengths as well as risk
- > performance frameworks that measure process completion, rather than quality of practice
- > case reviews and management scrutiny that focus on blame rather than improvement and learning.

Culture

Values and beliefs are expressed through everyday interactions. Practitioners need to feel a coherent alignment between practice expectations and the context in which they work (Moriarty et al, 2015). Leaders need to model the use of strengths-based principles and values in their interactions and in representing their staff’s work to others, including:

- > **The language used**
Actively avoiding language of deficits and diagnosis that labels families as ‘dysfunctional’ (Lind and Smith, 2008).
- > **Ways of interacting with people**
With a commitment to openness, humility and empathy in all conversations.
- > **Ways of talking about practice**
Both what is working well and areas for improvement.
- > **The processes and policies practitioners have to follow**
What that communicates about the organisation’s priorities, values and trust in practitioners’ expertise.
- > **The focus of management activity**
What is measured, monitored and praised (see quality assurance, evaluation and improvement).

Managers at all levels need to be provided with time and space to reflect on their leadership practice; seeing senior managers commit time to learning and reflection gives a clear message to practitioners that professional development is a priority. In local authorities in the Department for Education Innovation Programme where strengths-based practice frameworks were introduced, leaders and senior managers participated in training and consciously tried to implement the principles of the practice framework in their own behaviour and management techniques (Munro, 2016; Mason et al, 2017).

Policies and procedures need to be reviewed in light of the principles of strengths-based practice. Some authorities have begun to address the use of negative language in practice and strategy documentation, for instance, rejecting the language of thresholds, replacing it with ‘conversations’; talking about ‘promoting positive relationships’, rather than domestic abuse and numerous other examples (Godar and Holmes, 2016; Mason et al, 2017; Panayiotou et al, 2017).

The policy landscape in which children’s services operates often uses deficit-based perspectives to talk about and ‘do to’ families, for example through punitive welfare policies or adversarial judicial processes. The regulation and inspection of children’s services has often taken a problem-orientated approach in making judgements about performance, and public opinion of social workers is often negative.

Leaders of strengths-based organisations can ‘walk the walk’ in managing this external environment - countering these attitudes through celebrating good social work and highlighting excellent practice; engaging other parts of the local system in using strengths-based approaches and creating a positive narrative around social work for government and the regulator (Godar and Holmes, 2016).

Time

Embedding strengths-based approaches effectively takes time. Leaders of organisations that promote strengths-based approaches need to consider how they will protect time for practitioners to:

- > build relationships with and get to know families
- > identify and engage family support networks
- > reflect on their work with families and get different perspectives from managers and peers
- > attend training and other learning opportunities to develop their skills.

(Munro et al, 2016; Panayiotou et al, 2017)

Prioritising time for these important elements of practice might be achieved through:

- > Communicating clearly to practitioners the organisation’s priorities, and what other activities should take second place.
- > Identifying what other activities take up practitioners’ time and taking steps to reduce the time needed for these tasks, for example changing recording systems and processes or increasing capacity of administrative staff.
- > Considering whether there are other staff who can build a relationship with families and bring about change under the supervision of a social worker, for example volunteers or differently-qualified practitioners.

One time-consuming activity is the entering of records and information into IT systems. Practitioners have reported spending up to 60 to 80 per cent of their time on administrative tasks (Forrester et al, 2013). The design of IT systems has been criticised for distorting decision-making by fragmenting the information needed to ‘see the child’ in the case record and for a focus on measuring process completion and targets in a fundamentally deficit-orientated approach to performance management (Gillingham, 2013).

Redesigning IT to reflect strengths-based approaches to practice and management needs to be done in parallel with the development of a different approach to quality assurance and performance activity.

Quality assurance, evaluation and improvement

The adage ‘What counts is what is counted’ has an acute relevance to social work practice. The collection of data about processes and deadlines has shaped practice nationally over several years (Munro, 2011) and influences practice through:

- > the design of assessment forms and IT systems
- > the time required to input data, which reduces time available to spend with children and families
- > messages about performance data guiding decision-making and case prioritisation.

Performance management activities are often experienced by practitioners as vehicles for blame rather than useful tools for practice improvement. Some authorities have considered how they can introduce performance management activities that reflect strengths-based frameworks for understanding and supporting change.

Appreciative inquiry offers a way of exploring practice that complements strengths-based approaches through:

- > providing a lens via which negative experiences are drawn on as motivation for change to something better
- > ensuring a focus on capacity, resources and problem-solving by asking how we can maintain and build on what is already going well (Lind, 2008, Ballinger and Elliot, 2011)
- > enacting a process which ‘relies upon mutually respectful relationships’ and an understanding that the **way we do** things is as important as the results
- > the involvement of children, young people and families in meaningful conversations about practice
- > the acknowledgement and renegotiation of power relationships, via discussion of multiple perspectives and telling of ‘untold’ stories (Bellinger and Elliot, 2011).

Appreciative inquiry encourages ‘generative’ thinking - new ideas, new approaches and new ways of thinking. Talking about practice and action learning sets provide opportunities for staff to share experiences and devise different approaches (Roger et al, 2017).

For more examples see these Research in Practice resources:

- ***Building a quality culture in child and family services: Strategic Briefing***
- ***Appreciative Inquiry in child protection - identifying and promoting good practice and creating a learning culture: Practice Tool***

The Wave One Signs of Safety project in the Innovation Programme developed evaluation and quality assurance processes that reflected the commitment to ‘being grounded in everyday experience’, both of families and of practitioners. These are being further refined in the Wave Two Signs of Safety Innovation Programme project.

In Wave One this included seeking out feedback from both families and practitioners through surveys and interviews and using collaborative case audit, involving practitioners and managers. This audit activity was primarily an opportunity for reflection and feedback for everyone, taking into account organisational context. The results were collated to produce team-level development plans. Other projects used embedded researchers within social work teams to gather feedback and intelligence about how the system was operating and the impact it was having on families (Munro, 2016; Baginsky et al, 2017).

Introducing strengths-based practice into an organisation

In any systematic attempt to change practice, leaders need to provide a vision for what they want, setting out clear expectations for practitioners, and a clear plan for implementation, that includes training and staff development, resources and infrastructure (Barbee et al, 2011).

Leaders need to consider:

- > **Goals**
What are the experiences of children and families now? How does that need to change?
- > **Organisational or system fit**
How does a proposed new framework fit within the current system? What elements are disruptive to current practice? How will the framework be tailored to suit the local context?
- > **Organisational or system readiness**
Are individual practitioners and the system in which the agency sits prepared ‘mentally, practically, operationally, and strategically - to host a new innovation?’ (Ghate, 2015). Local authorities that have improved from ‘poor’ to ‘good’ report that an initial focus on ‘mission critical’ processes and practice is necessary to stabilise an inadequate organisation, before attempts to establish consistently good practice can begin (Bryant et al, 2016).

Establishing a vision for how strengths-based practice will be delivered, promoted and sustained might include:

- > Communicating what is meant by strengths-based practice within *this* organisation.
- > Articulating the values of strengths-based practice and how these should be translated into work with families, how practitioners will be supported to do so, and how organisational barriers to doing so will be removed.
- > Consistently and repeatedly acknowledging the complexity and uncertainty inherent in the work and, wherever possible, ensuring that it is the organisation and senior managers that contain that risk, not individual practitioners.

Many practitioners experience ‘initiative fatigue’ as a result of experiencing different frameworks, structures and ways of working implemented and then replaced by something else without significantly affecting their day-to-day experience. It takes time to convince practitioners that it is worth their time and effort to learn a new set of skills and to embed the identity of a strengths-based practitioner.

When practitioners believe that leaders mean what they say and stand by the principles of strengths-based practice when making difficult decisions, they feel more confident to rely on these principles to justify their own decisions (Godar and Holmes, 2016).

Leeds City Council’s vision for a child friendly city is underpinned by a commitment to using restorative practice and is set out in the Children and Young People’s Plan:

www.leeds.gov.uk/docs/CYPP.pdf

The vision makes clear that restorative practices are ‘the default option’ and describes what that should look like at different points of the social care process:

- > *The default behaviour of children’s services in all its dealings with local citizens/partners and organisations will be a restorative one with high support and high challenge.*
- > *Children’s services in Leeds will ensure that families, whose children might otherwise be removed from their homes, are supported to meet and develop an alternative plan before such action is taken.*
- > *For all families where a plan or decision needs to be made to help safeguard and promote the welfare of a child or children, the family will be supported to help decide what needs to happen.*

Engaging stakeholders

The processes of choosing, implementing and developing a practice framework is an opportunity for leaders to ‘walk the walk’ of co-production and demonstrate in practice the intention of ‘doing with, rather than to’ in working with local partners and the wider community (Sebba et al, 2017; Ghate, 2015).

The list of potential stakeholders is ‘extensive’ (Barbee et al, 2011); mapping the environment and the stakeholders affected by any innovation can reveal new resources and perspectives on proposed changes (Ghate, 2015).

In Stockport the authority and its partners committed to using restorative practices. Relationships with other organisations and services were crucial to changing the experience of children and families. The local authority worked with schools, the police, health services and the voluntary sector to develop a shared approach through:

- > developing shared outcomes frameworks
- > joint reflection and learning sessions to understand barriers to partnership working
- > shared training and staff development
- > involving partner agencies in ‘design by doing’ - iteratively adapting innovative activity in response to experience.

(Mason et al, 2017; Panayiotou et al, 2017)

Core stakeholders	Internal stakeholders	Public sector stakeholders	Other organisations
Children and young people	Supervisors and team managers	Other agencies working with children and families	Community organisations
Parents	Training teams	Other local authorities, and collaborative bodies	Commissioned service providers
Practitioners	Quality assurance and performance teams	University training partners	Commissioned training providers
	Commissioning teams	Family courts	
		Ofsted and other regulators	

Implementation

There are a number of frameworks for the implementation of innovation in public services and some core components can be identified for consideration:

- > **Competency drivers**
Factors affecting the skills of practitioners.
- > **Organisational drivers**
Infrastructure and support for practitioners.
- > **Leadership capacity**
Technical and adaptive leadership skills and capacity.

(Ghate, 2015)

The 'Getting to Outcomes' model for transformation identified several steps that need to be taken to successfully adopt a practice framework - from identifying needs and reviewing evidence for possible solutions, adapting the model to local circumstances, adapting the local system to the practice framework and, finally, training practitioners in using the specific tools and techniques included within the framework (Barbee et al, 2011).

A clear implementation plan for changes to infrastructure and training can help to sustain motivation and commitment over the implementation phase.

Leaving sufficient time, and identifying the right resources for each phase, is crucial. A systematic review of studies of implementation of evidence-based programmes found that each stage of implementation needs sufficient time before the next stage begins:

- > Six to 12 months lead time.
- > Two years to embed.
- > Five years to full steady-state implementation. (Fixsen et al, 2005)

This linear description does not reflect the complex reality of implementing changes in dynamic systems, and the need to adapt and respond to changing local conditions (Ghate, 2015).

Developing new competencies and skills

Organisations that have introduced strengths-based practice frameworks have found that one-off training courses for frontline staff are insufficient to ensure the approaches are adopted in practice. Rather than simply 'diffusing' information in training sessions, briefings or newsletters, organisations need to consider how they can actively support implementation in practice (Greenhalgh et al, 2004; Ghate, 2015).

Practitioners need to be introduced to new ideas, given opportunities to use them in practice, and reflect on those experiences with their peers and managers. Some practitioners will be ready and willing to get started straight away, others will need more support, challenge and time to adopt changes. Relationships matter: ideas diffuse through social networks of peers, rather than through top-down decree. Identifying and encouraging early adopters and champions to diffuse their enthusiasm and knowledge to their peers can help to support wider adoption (Greenhalgh et al, 2004).

How far the change aligns with the practitioner's own values and beliefs about their role affects the speed and sustainability of adoption of new ways of working (Greenhalgh et al, 2004). Resolving role ambiguity can expose conflicting views of practice that need to be addressed. In some instances individual practitioners may find the new expectations too challenging either in terms of their skills or their perception of their role, and leave the organisation (Godar and Holmes, 2016). To understand why practitioners might be unwilling to change their practice, we might reflect on the list of reasons why families resist offers of help in the section on defining strengths based-practice.

In the Leeds Family Valued project, ‘deep dive’ training was provided for practitioners working in local areas with high rates of referrals, and practitioners working in specialist teams where restorative practice was felt to be particularly challenging (Mason et al, 2017).

Multi-agency training can help practitioners from different backgrounds to develop a shared language and understanding, and offer different perspectives on how the learning might be applied in practice (Atkinson et al, 2007).

Infrastructure

System changes are more expensive than training and, as a result, training is often undertaken first, but this can leave practitioners feeling unsupported in their everyday practice environment (Barbee et al, 2011). Participants in the Signs of Safety project highlighted the importance of supervisors and practice leaders being trained before practitioners, enabling them to support team members in practice (Munro et al, 2016).

A training-first approach, when properly supported, can enable practitioners to contribute their experience to the process of redesigning systems. On the other hand there will be additional costs in time and enthusiasm in running new ways of working with old IT support, and the co-production of new software.

Contributing to software design is a complex and often frustrating task for users, practitioners and managers. One ethnographic study of the process of involving practitioners in redesigning ICS reported that users struggled to articulate the information they needed (and didn’t need), and the purpose of information collection (Gillingham, 2015).

Unless there is a conscious effort to use the process of participatory design as a means to review and challenge existing working practices, there is a danger that the old ways doing things, good and bad, get inserted into Information Systems.
(Gillingham, 2015)



Further reading

- > *Training transfer: Getting learning into practice*
www.rip.org.uk/resources/publications/practice-tools-and-guides/training-transfer-getting-learning-into-practice
- > *Ensuring effective training. Briefing for Local Safeguarding Children Boards: Strategic Briefing*
www.rip.org.uk/resources/publications/strategic-briefings/ensuring-effective-training-briefing-for-local-safeguarding-children-boards-strategic-briefing-2014
- > *Team-based learning – Assessing parental capacity to change: Training course*
www.rip.org.uk/resources/publications/frontline-resources/teambased-learning-assessing-parental-capacity-to-change-training-course

Sustainability and adaptation

Implementation is increasingly seen as a dynamic process, in which innovations are shaped to fit the local context, and are in turn influenced and shaped by that multi-level context (Ghate, 2015). Brown (2015) highlights the importance of thinking about sustainability from the start of the pilot stage. As well as ensuring that plans for the transition to full implementation are aligned with the original aims of the innovation, early consideration of sustainability supports documentation and recording during the pilot that will generate learning for full implementation, or for other organisations wanting to learn from the work.

Impact on practice is not immediate or guaranteed so it is important to evaluate the process of implementation, the extent to which new approaches are being used and practitioners' confidence in using them (Barbee et al, 2011). Identify and monitor 'implementation outcomes' to understand changes in attitudes, behaviour and systems of those involved in the work (Ghate 2015).

Measuring implementation of strengths-based approaches

Questions used in surveys to evaluate the adoption of strengths-based practices might be included in the social work health-check or when gathering feedback from families. Examples include:

- > The *Strengths-Based Practices Inventory* (available to purchase), which is designed to test whether family experiences reflected strengths-based practice principles.
- > Surveys used in the evaluation of the Signs of Safety Innovation project designed to monitor practitioner experiences (Green et al, 2004 and Baginsky et al, 2017):
www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2017/reports/SoS-Appendix-D-final.docx

Conclusion

Supporting practitioners to develop strengths-based practice requires more than skills training for particular activities or techniques, but the tangible experience of being part of an organisation that values and promotes strengths-based principles.

Practitioners experience the organisation's priorities and values through supervision, management oversight, the tools and resources that the organisation provides for them to support them in their work, and through performance management and quality assurance activities.

Leaders of organisations considering the adoption of strengths-based practice, whether a pre-existing framework or an in-house model, need to consider how to develop a culture that supports strengths-based practice and gives practitioners the confidence to explore how to do it better.



Reflection points

The role of social work

Consider the different roles social workers can play when working with families:

- > **Facilitators**
Helping others to reach their objectives.
- > **Gatekeepers**
Managing access to resources.
- > **Regulators**
Controlling socially unacceptable behaviours.
- > **Upholders**
Upholding people's rights.
- > **Advocates**
Supporting individuals to bring about change and/or calling for change on a larger scale.
- > **Partners**
Working with and on behalf of disadvantaged individuals and groups.
- > **Assessor of need and risk**
Identifying the types of help or level of intervention a family needs.
- > **Care manager**
Arranging access to support and services provided by others.
- > **Agent of social control**
Acting to maintain the current social order.

(Moriarty et al, 2015)

If you had to choose the top three roles, which would they be?

Discuss them with your management team. Do you all agree on the most important roles for social workers in your organisation?

How can you support social workers to prioritise these roles?

Leadership practice

Think about your last interaction with your direct reports, with a practitioner, with a representative of a partner organisation or with children and families.

How far did that conversation model the elements of strengths-based practice?

- > Was it goal-orientated?
- > Did it include a systematic assessment of strengths?
- > Did it engage with the environment as rich in resources?
- > Were explicit tools used to match strengths and resources to goal attainment?
- > Was the conversation and the relationship 'hope-inducing'?
- > Was there provision of meaningful choices, and freedom to choose?

(Adapted from Rapp et al 2006)

What might you have done differently to ensure you were offering high support and high challenge?

Organisational factors

- > What does your performance framework indicate to practitioners about what you value?
- > Does supervision focus on the quality of practice and adherence to principles? How might you reshape supervision to promote this?
- > How might you encourage reflection and learning about practice, rather than blame?

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