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Integrating Family Strengths in Child Protection Goals

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ABSTRACT

Over the last decades, child protection workers (CPWs) have largely focused on improving their work with a strength-based approach in order to empower families. This study investigates to what extent CPWs draw on families' strengths, that is, by promoting autonomy and competencies and by involving their informal networks in goal formulation. This quantitative study analysed the goals, as stated in case files, formulated by CPWs for 177 families within a single Dutch child protection service. 48.6% of CPWs prioritise promoting families' autonomy in goal formulation. With regard to competencies, only 40.1% of the goals refer to the families' competencies. In addition, the support system that the goals call upon tends to be dominated by formal rather than informal networks (in 71.2% of cases). While it is true that child protection cases can benefit from the support of a formal networks, CPWs overwhelmingly failed to encourage support from existing informal networks (in 95.5% of cases). There were no relationships between these percentages and the nature of the family problems or the question of whether or to what extent the CPWs identified the specific strengths of families. These findings show that half of the CPWs had integrated a strength-based approach in their daily practice to some extent, and therefore improvements are needed in order to more successfully encourage families to change.

1 | Introduction

Child maltreatment has a major impact on children's psychological wellbeing and threatens their development, for example, due to mental health issues (Stoltenborgh et al. 2015). Maltreatment can be understood as a process in which the problems at hand outweigh the strengths of children, parents and their environment. It is often referred to as a balancing dynamic between risk and protective factors (Bakker et al. 1998; Belsky 1993; Bronfenbrenner 1979; Cicchetti and Toth 2004; Euser et al. 2013). Although it remains unclear how these factors interact with each other, several studies emphasise that, besides child factors and environmental factors, the parental risk factors seem to be the largest contributors to the occurrence of

maltreatment (Alink et al. 2013; Belsky 1993; Jaffee et al. 2004; Mulder et al. 2018).

Families in which maltreatment occurs are often dealing with serious and multiple problems and often resist intervention from professional health care workers (Alink et al. 2013). In addition, the Dutch Youth Act (2015) recommends child protection in severe cases in which the normal child development is being threatened and there is no clear perspective on improvement on the short term. In these cases, a family court order can be put into effect by a juvenile judge. In the Netherlands, a family court order automatically means mandatory supervision by a child protection worker (CPW). CPW's are social workers who support families in terms of case management and refer to proper health care as needed.

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CPWs have a challenging, twofold task: They must protect children while supporting change in parents and the family in order to improve the developmental circumstances of the children. Their protective role, on one hand, is based on the ethics of justice and involves setting boundaries or even superseding parents' autonomy in making decisions on behalf of their children; by definition, it is temporary and short-term (Schuytvlot 1999). Supporting and promoting change, on the other hand, is based on the ethics of care and is a long-term intervention as part of which an effective working relationship is established with the family. Problems and family needs are carefully understood in order to set and achieve appropriate goals for behavioural change (Oliver 2017; Schuytvlot 1999). Integrating these two tasks, different as they might be, require proper balancing of child protection work matching to the specific health care needs of the family (Munro 2019). Such balancing act, as we like to call it, requires specific craftsmanship.

Craftsmanship can be seen as combination of knowledge, attitude and skills (Sennett 2008). It requires proper training, supervision and facilitation in order to maintain its development. Over the last decades, the development within child protection craftsmanship has largely been dominated by strength-based approaches worldwide (Bandura and Adams 1977; MacLeod and Nelson 2000; Rappaport 1984; Toros and Falch-Eriksen 2021; Zimmerman 1995). Strength-based approaches can be seen as representative of empowerment based working within the field of social work. Empowerment based working holds on to the idea that by promoting strengths within a family, the family increases its own problem solving abilities (Bandura and Adams 1977). It suggests that humans have the natural motivation to continuously develop because they possess the necessary competencies to achieve behavioural change (De Shazer and Berg 1992). This fundamental perspective has a major influence on the craftsmanship of child protection. It assumes that behavioural change comes about as a result of one's own actions and not as a result of the expertise of the professional. It requires a shift in craftsmanship from a 'doctor knows best' approach to an 'approach of standing next to the client' (Berg and Kelly 2000). In practice, this suggests that CPWs encourage families to actively take control of their change process and stimulate them to involve social support from their network (MacLeod and Nelson 2000; Rappaport 1984; Zimmerman 1995).

Over the years, these strength-based approaches found theoretical support from other theoretical fields such as motivational theories in which there is a general understanding that humans are willing and able to change (Ryan and Deci 2017). Moreover, the self-determination theory holds the belief that humans' are more able and willing to change when they meet three basic psychological needs, namely, experience autonomy, feel competent and experience relatedness. Especially, when humans are surrounded by a change supporting environment (Ryan and Deci 2017). Those three key factors are also represented in the strength-based approaches. The common ground of these theoretical fields pushes forward the belief that change can be best promoted in close collaboration with families and by utilising the already available capacities. However, it makes one wonder how well the protective and caring role can be combined within child protection workers.

One specific strength-based approach, namely, a solution focused approach, had major impact on child protection craftsmanship worldwide and in the Netherlands in specific (de Wolff and Vink 2012; Oliver 2017; Sheenan et al. 2018). This psychotherapeutic approach is based on a strong belief in people's learning ability and their capacity to find their own solutions to problems (De Shazer and Berg 1992). It is highly collaborative and promotes strengths on the part of families and their surroundings. However, this approach was criticised in the field of child protection because it failed to adequately facilitate the protective role (Berg and Kelly 2000). As a result, several organisations further developed a solution focused approach by incorporating the specific protective role. An example with great impact in the Netherlands was the Signs of Safety approach (SoS) developed by Turnell and Edwards (1999). The SoS approach integrated the protection role by emphasising that even in unsafe families one can find safety behaviours. Pointing out these exceptions and utilising them in the plan of change can help families to overcome their problems.

Several studies to the effectiveness of strength-based approaches, such as SoS, show supporting evidence. For instance, empirical studies emphasise that strength-based approaches are more effective in preventing child maltreatment (Bosscher 2014; MacLeod and Nelson 2000). Other studies confirm that CPWs who utilise families capacities and encourage social support are more successful in achieving change in families (Trivette, Dunst, and Hamby 1996). In addition, study show that child protection workers are enthusiastic about a strength-based approach (de Wolff and Vink 2012; Stams et al. 2010). However, these studies also reveal several difficulties concerning implementation. Many challenges were found such as lack of time, limited professional guidance and insufficient integration into the child protection system as a whole (de Wolff and Vink 2012; Rijbroek, Strating, and Huijsman 2017; Sheenan et al. 2018; Stams et al. 2010; Turnell and Murphy 2018; Wolf de and de Ten Hove 2020). These studies suggest that there is reason to be optimistic about the effects of strength-based child protection craftsmanship; however, clear understanding about how well strength-based attitudes are integrated into child protection craftsmanship remains unclear.

This study wants to contribute to this lack of understanding. In a multiple research design, we try to better understand the strength-based child protection craftsmanship from the perspective of child protection workers. In an earlier study, we investigated to what extent Dutch CPWs were able to identify strengths in families—an essential starting point for CPWs to be able to identify competencies in families. We found that CPWs identified strengths in half of the cases (Rijbroek et al. 2019). In the current study, we will follow up on this journey and aim to investigate to what extent families' strengths are being addressed and called upon by CPWs. CPWs who work from a strength-based perspective and successfully integrate this approach into their practice formulate goals in terms of positive future outcomes with solutions and resources that are available to the family and connect them with a supportive environment (Quick 2012). In line with the literature, we distinguish autonomy, competencies and relatedness as three encouraging factors to the natural ability of humans to change. An analysis of the goals that are formulated by CPWs

in families' case files will therefore provide insight into the CPWs' perspective and approach to facilitating change. The objective of this study, then, is to investigate to what extent families' strengths as observed by CPWs are leveraged in the formulation of goals.

2 | Methods

2.1 | Design

A quantitative file study analysed 177 cases in order to explore the fidelity of the solution focused approach among CPWs. We used anonymous data from individual cases stored within the Child Protection Service (CPS) file system. According to the Dutch Privacy Act (2004), child protection services are allowed to use client registration files anonymously for policy development and research purposes only. Therefore, this study was able to use anonymous data with passive consent; families were informed by means of a formal notification added to their file. This process was analysed and approved by the Medical Ethics Committee at a large Dutch University Medical Centre¹ (MEC-2-14-020). It was part of a wider evaluation study of the strength-based and safety-oriented approach of CPWs in Dutch child protection services and received financial support from the Netherlands Organisation for Health Research and Development (ZonMw).

2.2 | Research Setting

In order to better understand the research context, this paragraph outlines specifics of the Dutch child protection system, the position of CPWs in it and the specificity of CPWs in current study. The research was conducted within one Dutch child protection service, an organisation that is occupied with case management of families with children between the ages of 0 and 18 put under court-ordered supervision by a juvenile judge (Central Bureau of Statistics 2015; Ministry of Security and Justice 2014). Child protection case management is responsible for collecting information about families' problems and abilities. In addition, they are responsible for formulating a change plan and divide specific change goals together with the family and their support network. This coercive case management by child protection workers is normally initiated for a one-year period and can be extended by another year.

Families are put under supervision in the event of severe threats to child development caused by parental abuse or neglect, which in most cases is reported by a general youth care worker, school or an informal network (Ministry of Security and Justice 2015). Their report triggers an investigation by the Child Care and Protection Board (CCPB). In the event of serious threats to the child's development, a juvenile judge can order supervision either with or without the child being out-placed in foster care (Ministry of Security and Justice 2014). As a result, the assigned CPWs will contact the family and start a case management procedure. Case management entails a six-week assessment stage resulting in an Action Plan, essentially a kind of contract that outlines all the relevant concerns and strengths and delineates several goals that families

formulated to support their change process. At the time of data collection, CPWs were trained to use the Delta method, a standardised workflow for child protection in the Netherlands, which is a strength-based approach and strongly inspired by SoS (PI Research and van Montfoort 2009).

2.3 | Participants

The initial sample consisted of 250 new cases between August 2014 and March 2015. For the current research question, we narrowed it down to those cases where a minimum of three goals had been formulated in order to be able to analyse the integration of a strength approach in CPWs. We therefore eliminated 73 cases, leaving us with a sample of 177 cases. In order to detect any significant differences between the sample of 177 cases and the other 73 cases, we analysed the demographic differences between these two groups. We found no significant differences between these two groups with respect to gender, nationality or family constellation. The sample of 177 used in this study features younger children (mean 8.0 years of age (SD 5.4)) than the 73 excluded cases, where the mean age was 9.8 years (SD 6.3). About 54% of the children in the sample of 177 were male. Most were born in the Netherlands (93.2%) and were Dutch nationals (84%). There was a wide range of different family constellations: 38% lived in a shared custody arrangement, 31.3% lived with one biological parent, 16.7% lived with both biological parents, 8% lived in foster homes and the remaining 6% cases in other living situations. 89.3% of the case were families with a maximum of three children.

2.4 | Data Collection Procedure

The data was collected by a research team consisting of two senior researchers and three junior researchers. We used information from case management contracts (the so-called Action Plan) as well as the checklist for child safety (in Dutch: *Licht Instrument Risicotaxatie Kindveiligheid* or LIRIK, Ten Berge, Eijgenraam, and Bartelink 2014). Both were filled out by CPWs, usually in digital format, sometimes on paper. Two junior researchers retrieved data from the case files and collected information about risk and protective factors as well as the first three goals stipulated in the Action Plan and entered this data in a SPSS database. The third junior researcher checked it for input errors.

2.4.1 | Three Goals

The first three family change goals that CPWs registered in each Action Plan were entered literally, as string variables, in the SPSS file. Next, two junior researchers independently scored the goals on the degree three basic psychological needs as pointed out by the self-determination theory as referred to in the introduction. The three basic psychological needs comprise autonomy, the use of competencies, and the relatedness that we have specified into formal (professional networks) and informal networks (family and friends). They ranked them on a three-point Likert scale ranging from 'barely any' to 'only some' to 'very much'. In order to calibrate the scoring, a pilot

test was done in which the first 50 cases were scored by the two junior researchers and one senior researcher separately from each other. Since the scoring of goals and risk and protective factors from the Action Plan is prone to subjective interpretation, the inter-rater reliability was tested. Cohen's kappa was 0.64, indicating substantial reliability (Lantz and Nebenzahl 1996). The pilot test led to the researchers receiving additional training in the use of the scoring method; after this test, each of the two junior researchers scored half of the remaining cases.

The researchers found great variety in the way the goals were formulated. For instance, one goal was formulated as 'Jack goes to school'; the researchers rated this 'barely any' with regard to a focus on autonomy, using competencies and formal/informal networks. By contrast, 'Jack wants to go to school, sets his alarm clock and rides to school with his friend' was rated 'very much' on autonomy (because it was formulated as a goal Jack was setting for himself), 'very much' on competencies (because the goal utilised his own skills by having him set his own alarm clock) and 'very much' on use of informal networks (because the way the goal was formulated made a clear connection between Jack's goal and his existing network).

Next, in the first three goals we analysed differences on the three elements autonomy, competencies and relatedness (formal and informal networks) within each Action Plan. Using reliability analyses, we checked the inter-item correlations and Cronbach's alpha. For autonomy, inter-item correlations ranged from 0.31 to 0.39 and Cronbach's alpha was 0.62; for competencies, inter-item correlations ranged from 0.29 to 0.38 and Cronbach's alpha was 0.61; for formal networks, inter-item correlations ranged from 0.38 to 0.48 and Cronbach's alpha was 0.69. For informal networks, the inter-item correlations were somewhat lower, ranging from 0.19 to 0.45, with a Cronbach's alpha of 0.55. These reliabilities were considered acceptable (Taber 2018; Van Griethuijsen et al. 2015). For each element, a total score was calculated by adding the scores for each of the three goals. The sum score of each element was dichotomised, representing goals that were either 'low' (0–3) or 'high' (4–6) in terms of autonomy, use of competencies and use of networks.

2.4.2 | Risk and Protective Factors

In our previous study ($n=250$), we analysed risk and protective factors and were able to identify separate clusters of risk and protective factors (Rijbroek et al. 2019). This cluster analyses led to five different risk clusters with different areas of focus, with n representing the subsamples within numbers within the total sample of this study ($n=177$). The clusters were 'major life events' ($n=24$), 'socio-economic problems' ($n=23$), 'poor parenting skills' ($n=15$), 'multiple problems' ($n=60$) and 'no risk

factors' ($n=60$). Due to the nominal character and a lack of strong scientific evidence regarding the links between the type of problems and the use of strength-based strategies, we decided to take an explorative approach with respect to the relationship between the type of risk cluster and the degree to which strength elements are addressed in the formulation of goals, and did a two-sided test. To be sure that both samples were similar, we compared the total sample ($n=177$) with the excluded cases ($n=73$). We found that the sample had significantly more cases with 'multiple problems' ($\chi^2=12.04$, $p=0.017$) with 33.9% of 177 versus 23.3% of 73.

For the protective clusters, we distinguish between four clusters on an ordinal scale from 'no parental protective factors' ($n=57$), 'parents with basic coping skills' ($n=53$), 'parents with multiple coping skills without positive youth experience' ($n=30$) and 'parents with multiple coping skills with positive youth experience' ($n=37$). In order to be sure that the 177 sample has similar cluster variation, we conducted analyses which revealed significant differences between the two groups ($\chi^2=12.34$, $p=0.006$), with less use of informal networks (25.4% of 177 vs. 38.4% of 73) and comparatively greater use of peer networks (41.2% of 177 vs. 26% of 73). Based on our introduction, our hypothesis is that whenever CPWs identify protective factors, it is more likely that they end up integrating these factors in goal formulation. In other words, we expect to see differences between the clusters in terms of the extent to which existing strengths are addressed in the goals.

2.5 | Analysis

Our analyses consisted of three steps. First, we executed descriptives in order to analyse the extent to which the three elements—autonomy, use of competencies and use of networks—had been taken into account in goal formulation. We conducted chi-square analysis in order to test the relation between the protective clusters and the integration of these elements in the goals. Third, we explored the relation between risk factors and the integration of the three elements in goal formulation.

3 | Results

3.1 | Use of Strength Elements in Goal Formulation

Child protection workers use the three elements in the formulation of goals within the Action Plan in half of the cases. However, the degree to which they use them differs between the three elements. Table 1 shows that in almost half of the cases, child protection workers aim to promote autonomy in goal formulation (category: high; 48.6%). In the other half of cases, this autonomy receives barely any, or only some, attention (category: low).

TABLE 1 | Descriptives for the degree of integration of the three concepts in goal formulation ($N=177$).

	Autonomy	Competencies	Informal networks	Formal networks
Low	51.4%	59.9%	95.5%	28.8%
High	48.6%	40.1%	4.5%	71.2%

For the ‘competencies’ element, only 40.1% of the cases have goals that recognise and address the family members’ competencies (category: ‘high’). This means that in the majority of the cases (59.9%) child protection workers do not formulate goals that draw on family members’ competencies.

To analyse the degree to which families’ networks are taken into account in the formulation of goals, we distinguished between informal and formal networks. The results show that informal networks are not taken into consideration in goal formulation. In 95.5% of cases, they were barely recognised in goal formulation. The results for formal networks stand in contrast to this; in 71.2% of cases, the formal network is taken into consideration in goal formulation. However, in 28.8% of the cases even the formal network is barely/insufficiently taken into account (category: ‘low’).

The Pearson correlation between the sum score for autonomy and the sum score for competencies was 0.27 ($p < 0.001$), indicating that the more CPWs address autonomy in goal formulation, the more they also address competencies.

3.2 | Relations Between Observed Risk Factors and Strength Elements in Goal Formulation

In order to identify differences in the use of the three strength elements in relation to the type of family problems, we analysed risk clusters and conducted cross-tab analyses with χ^2 . We used the five nominal clusters of risk factors that we identified in our previous study (see Section 2 for details), that is, no risk factors, major life events, socio-economic problems, poor parenting skills and multiple problems.

Significant relations were found between the ‘autonomy’ strength element and the risk clusters (see Table 2). In about 53% of cases in the ‘multiple problems’ cluster, the formulated goals referred to autonomy. For all other clusters, this percentage is lower, with an especially low rate for the ‘poor parenting skills’ cluster: only 13.3%.

There is no significant relationship between the ‘competencies’ strength element and the risk clusters. The highest percentage of cases where competencies were addressed in goal formulation was found in the ‘socio-economic problems’ cluster (69.6%),

compared with 50% for the ‘major life events’ cluster, 50% for the ‘multiple problems’ cluster and only 20% for the ‘poor parenting skills’ cluster.

No relationship was found between reference to formal and informal networks in goal formulation and the type of risk cluster. Informal networks were barely used in any of the risk clusters. With regard to formal networks, there was some variation in the results. In 70% or more of the cases, formal networks are referred to in the formulation of goals. The ‘major life events’ cluster is an exception here: Only 58% of the cases in this cluster call upon formal networks in goal formulation. When looking at the use of informal and formal networks in goal formulation, it is worth noting that the ‘multiple problems’ cluster receives the most combined support from both types of network taken together.

3.3 | Relations Between Observed Protective Factors and Strength Elements in Goal Formulation

In order to analyse the relations between the protective factors identified by CPWs and the extent to which CPWs address these factors in goal formulation, cross-tab analyses with χ^2 were conducted (see Table 3). This study assumes that the more protective factors were identified by CPWs, the more protective factors would be addressed in goal formulation. No significant relationships were found between the protective factors and ‘autonomy’ or ‘competencies’ strength elements.

Autonomy was addressed in about 43% of the goals for cases within the clusters where protective factors were identified. This indicates that in 57% of cases it was not mentioned. Even within the ‘multiple protective factors’ cluster, in half of the cases autonomy was not addressed in goal formulation. For cases within the ‘no protective factors’ cluster, about 60% of the cases had goals that made reference to autonomy.

Where the ‘competencies’ strength element is concerned, competencies were addressed the most frequently within the ‘parents with multiple coping skills with positive youth experience’ cluster, followed by ‘parents with multiple coping skills without positive youth experiences’ and ‘parents with basic coping skills’. The results are in line with the ordinal expectations as we pointed out in the Methods chapter. However, in more than half

TABLE 2 | Relation between clusters of risk factors and degree of integration in goal formulation in %.

	N	Autonomy		Competencies		Formal networks		Informal networks	
		Low	High	Low	High	Low	High	Low	High
No risk factors	55	65.5	34.5	54.5	45.5	30.0	69.1	100.0	0.0
Major life events	24	58.3	41.7	50.0	50.0	41.7	58.3	91.7	8.3
Socio-economic problems	23	65.2	34.8	30.4	69.6	26.1	73.9	95.7	4.3
Poor parenting skills	15	86.7	13.3	80.0	20.0	26.7	73.3	100.0	0.0
Multiple problems	60	46.7	53.3	50.0	50.0	23.3	76.7	91.7	8.3
Total	177	$\chi^2 = 9.85$; $p = 0.043$		$\chi^2 = 9.24$; $p = 0.055$		$\chi^2 = 3.05$; $p = 0.550$		$\chi^2 = 6.07$; $p = 0.194$	

TABLE 3 | Relation between protective clusters and degree of integration of 'autonomy' and 'competencies' in goal formulation in %.

	N	Autonomy		Competencies		Formal networks		Informal networks	
		Low	High	Low	High	Low	High	Low	High
1. No parental protective factors	57	40.4	59.6	56.1	43.9	19.3	80.7	91.2	8.8
2. Parents with basic coping skills	53	56.6	43.4	67.9	32.1	30.2	69.8	100.0	0.0
3. Parents with multiple coping skills without positive youth experience	30	56.7	43.3	63.3	36.7	40.0	60.0	96.7	3.3
4. Parents with multiple coping skills with positive youth experience	37	56.8	43.2	51.4	48.6	32.4	67.6	94.4	5.6
Total	177	$\chi^2 = 4.12$; $p = 0.249$		$\chi^2 = 3.03$; $p = 0.387$		$\chi^2 = 4.63$; $p = 0.201$		$\chi^2 = 5.06$; $p = 0.168$	

of the cases where protective factors were identified, competencies were barely addressed in goal formulation.

The results already showed previously that informal networks were barely addressed in goal formulation; concomitantly, no significant relationship with the clusters of protective factors was found (see Table 3). For each of the four clusters, the percentage of cases that scored 'low' on using informal networks was high, ranging from 91.2% to 100%.

With respect to the use of formal networks, the results did not show a significant relationship (see Table 3), but relatively high percentages overall in the 'high' category indicating involvement of formal networks. For example, within the 'no parental protective factors' cluster, in 80.7% of cases goals focused on the involvement of formal networks. But within the cluster 'parents with multiple coping skills with positive youth experience', too, considerable use was made of formal networks in goal formulation, at 60%.

4 | Discussion

4.1 | Discussion of the Findings

The findings of this study show that some CPWs have integrated strength-based elements in their daily practice to some extent; however, improvements are needed. The findings can be summarised by three major points. First, in half of the cases CPWs have integrated autonomy in the formulation of goals and the utilisation of competencies to some extent. No differences between the various types of family problems were found. Second, three quarters of the cases contained involvement of formal networks in goal formulation. However, informal networks were absent in nearly all goal formulations. Finally, the results show differences between risk clusters and how well CPWs encouraged autonomy. CPWs were most likely to stimulate autonomy in the multiple risk factor cluster, which represents cases with the most complicated family problems. In addition, the study

found no significant relationships between risk clusters and how well CPWs utilised competencies and informal networks in goal formulation.

These findings can be discussed in terms of effective goal formulation that increase motivation for change. Studies show that goals formulated in a way that appeal to intrinsic motivation, are more likely to stimulate families to successfully change (MacLeod and Nelson 2000; Ryan and Deci 2017). By contrast, goals that are *not* formulated in a way that give families a sense of autonomy, stimulate their sense of competency and involves the support of their networks appeal to *external* motivation and are less likely to succeed (Burford and Hudson 2000; Ryan and Deci 2017). In line with this reasoning, it is better to encourage families with a strong focus on their strengths and sufficient utilisation of these strengths in goal formulation (intrinsic motivation) over restrictive goal setting from for instance juvenile court or other child protection professionals (external motivation). Families often experience these kinds of goals as imposed or forced goals which give them a sense of powerlessness, which in turn will make them feel less willing and less able to change. Therefore, we like to emphasise the importance for CPWs to improve their strength-based approach because it increases the success for change in favour of the development of the child.

In addition, when support networks are called upon in the goals, they tend to be overwhelmingly restricted to families' formal networks. This study does understand the importance of involvement of formal networks in child protection families. However, the results show that CPWs did not manage to involve informal network, although CPWs did identify them during the family assessment. Literature, such as system psychotherapy, points out that change can be greatly promoted and maintained if healthy informal networks are involved (Hanna 2019). In addition, motivation theories such as self-determination confirm the necessity to feel connected as one of the basic psychological needs that stimulate motivation for change (Ryan and Deci 2017). This study is well aware of the

difficulties that CPWs face during their attempt to involve informal networks, because some networks are not change supporting or even have devastating effects on families' progress (Dijkstra et al. 2019). However, family members, friends or other informal networks who support families' change, have an encouraging effect and make a positive contribution maintaining accomplished change and therefore contribute to the safeguarding of the children (MacLeod and Nelson 2000). These understandings of the impact that informal networks may have, increased our belief that it is highly recommended to increase CPWs abilities to successfully involve informal networks in the goals of the families.

Thus, sufficient integration of a strength-based approach in child protection can facilitate change in families and promote the maintenance of child safety (Quick 2012). In order to achieve that, CPWs need to be enthusiastic about the approach which several studies confirm (de Wolff and Vink 2012; Rijbroek, Strating, and Huijsman 2017; Sheenan et al. 2018). This suggests that CPWs are willing to embrace a strength-based approach in their practice. However, several studies showed that such integration is challenging (de Wolff and Vink 2012; Rijbroek, Strating, and Huijsman 2017; Sheenan et al. 2018). Some challenges are inherent in the nature of child protection work, such as the complexity and dynamic nature of family problems. However, other challenges are related to embedding the approach in the wider organisational system (Rijbroek, Strating, and Huijsman 2017; Turnell and Murphy 2018). Strength-based practice does not only involve the use of certain tools or instruments but also rooted in a multilevel implementation strategy that incorporates change within the child protection system as a whole (Cretin, Shortell, and Keeler 2004; Rijbroek, Strating, and Huijsman 2017). Creating a climate for strength-based practice that reflects CPWs' positive perception of the strength-based approach and their commitment to it is crucial in internalising this approach (May and Finch 2009). Facilitating multidisciplinary consultation between professionals in which they can discuss and reflect upon the complexity of cases and their roles as CPWs may stimulate this kind of climate. Operating from the strength-based philosophy, which holds that people are willing and able to change, can stimulate CPWs in their strength-based practice, to the benefit of the development of children facing maltreatment.

4.2 | Limitations

A few limitations to our research should be taken into account. First of all, although we have taken measures to minimise this effect and found a reasonable level of inter-rater reliability, it is worth mentioning that the method is prone to interpretation bias. Secondly, we used a single data source for goal formulation, which might limit our perspective. The way these specific CPWs in this one Dutch child protection service formulate goals could differ from the overall approach used by the majority of CPWs. However, resources in which professionals describe their case management trajectory are seen as a sufficient instrument for the observation of professionals' strength-based approach (Rijnders, de Jong, and Pieters-Korteweg 1999). Finally, analysing the way goals are

formulated in the assessment stage in order to gain insight into how CPWs integrate the strength-based approach in their daily work is only one element of the longer case management trajectory. Further research should be done into other elements and phases of the CPWs' case management work.

4.3 | Practical Implications

The findings of this study have several practical implications. In Section 1, we pointed out how families with severe and dynamic problems and under court-ordered supervision can benefit from a strength-based approach to child protection. According to this study, CPWs utilise some aspects of the strength-based approach, but it is highly advisable to improve CPWs' focus on promoting autonomy, competencies and the use of support networks in order to increase motivation for change. In order to achieve that, follow-up implementation is recommended. Evaluation studies showed that CPWs are enthusiastic about a strength-based approach but feel limited in their daily practice to integrate it well (Rijbroek, Strating, and Huijsman 2017; Roose, Roets, and Schiettecat 2014; Toros and Falch-Eriksen 2021; Turnell and Murphy 2018; Wolf de and de Ten Hove 2020). In order to overcome these challenges, a multilevel implementation strategy is recommended in which discretionary space for CPWs is being enlarged in order to enable them to integrate a strength-based approach. It requires proper training for CPWs, managerial support with implementation of workflow supporting facilities, multidisciplinary case meetings and supervision. In addition, it is more likely that CPWs successfully integrate a strength-based expertise within a strength-based culture in which they constantly reflect on their work. Giving CPWs the opportunity to exchange views stimulates the internalisation of the strength-based approach and ultimately helps CPWs adopt and adapt their existing routines to these new ways of thinking and working (May and Finch 2009). Therefore, successful strength-based child protection highly depends on a full integration of this approach throughout the child protection system.

4.4 | Future Research

With respect to finding differences in goal formulation between risk clusters, this study results in some counter-intuitive findings. No differences were found for competencies and informal network, but for autonomy, the results showed that CPWs were most likely to stimulate autonomy in the multiple risk factor cluster, which represents cases with the most complicated family problems, generally seen as less capable for change. These findings require follow up studies for better understanding.

In addition, future research could have a stimulating effect on the use of the strength-based approach. We recommend multi-method follow-up studies in order to deepen understanding of CPWs' craftsmanship and their interaction with different complex families. Action and participation-based research can foster creative solutions to the challenges CPWs face. These types of studies in designs like action research or participatory research constantly look for improvements, with CPWs and families

being engaged in a constant dialogue with each other, looking for solutions together.

5 | Conclusion

Although CPWs demonstrate the ability to identify families' strengths, the research findings show that only half of the CPWs have integrated a strength-based approach in their daily practice to some extent and tend to involve formal network while neglecting to utilise informal network. Therefore, improvements are needed in order to more effectively encourage families to change.

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Ethics Statement

Our study has been approved by the Medical Ethics Committee of Erasmus University Medical Centre (MEC-2-14-020).

Consent

We used anonymous data from individual cases conducted from the Child Protection Service (CPS) file system. According to the Dutch Privacy Law (2004), CPSs are allowed to use client registration files anonymously for policy development and research purposes only. Therefore, current study was allowed to use anonymous data with passive consent and briefed families with a formal notification in the family's file.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

Endnote

¹ Exact name of Medical Centre not named for sake of anonymization of the manuscript.

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