

Improving Outcomes by Improving Practice

A Practice Focused Newsletter

Engaging Children, Youth and Families



The Child Welfare Policy and Practice Group

The Child Welfare Policy and Practice Group is a nonprofit technical assistance organization committed to improving outcomes by improving practice. Its work has spanned over twenty states and focuses on the development of front-line practice that is strengths, needs and family team based, individualized and dedicated to safety, stability, permanence and well-being. Its technical assistance includes practice model development, strategic planning for practice model implementation, curriculum development, training and training of trainers, practice coaching and practice evaluation.

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Introduction

This issue of *Improving Outcomes by Improving Practice* deals with a foundational element of child welfare, engaging children, youth and families. The value of family engagement is widely accepted in the field and would seem to be a natural skill among those who choose a profession in helping children and families. However in actual practice its presence in relationships between workers and families is often absent or conditional, leading to unsuccessful efforts to support children and families on a path to change. This issue will explore some of the reasons family engagement is challenging, how it can be achieved and how its presence can be evaluated.

Most child welfare systems promote engagement with children, youth and families as a method of gaining their commitment to change and reflect this approach in agency mission statements, core values statements and organizational practice models. Descriptions of family engagement vary, but most are similar to the following definition used in a Children's Bureau publication which states:

Family engagement is the foundation of good casework practice that promotes the safety, permanency, and well-being of children and families in the child welfare system. Family engagement is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. It is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics, and personal experiences in order to meet the individual needs of every family and every child. Engagement goes beyond simple involvement by "motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in working toward change" (Steib, 2004).¹

Many systems go beyond merely stating a commitment to engaging families by also addressing family engagement in written agency policy, presenting content about it in worker training and in some cases determining the presence of family engagement in case practice through case file reviews. Despite these efforts, meaningful family engagement has proven to be an elusive goal for many systems. One useful source of information on the effectiveness of system family engagement strategies has been findings from Qualitative Service Reviews (QSR)². The Child Welfare Group (CWG) has introduced the QSR to 15 different child welfare systems and reviewed thousands of randomly selected cases in these states. Consistently, initial reviews reveal low scores in the system/practice performance category on Family Engagement, which addresses relationships between workers and families, efforts to engage families and family involvement in planning and decision-making. Where QSR tools examine engagement with each family member separately, not unexpectedly engagement with fathers scores the lowest.

What are the Barriers to Family Engagement?

One of the most significant engagement barriers is that where child welfare is concerned, workers are powerful and families are not. Workers can cause children to be removed, reunification to be denied and even when the family is complying with their plan, persuade the court to add new expectations. There are ways in which viewing families differently by recognizing their strengths, employing different engagement approaches and clarifying roles can mitigate this difference in status, but it cannot be completely eliminated.

¹Steib, S. (2004). Engaging families in child welfare practice. *Children's Voice*.

²The QSR is a practice improvement approach designed to assess current child and family outcomes and system performance in a representative sample of cases by gathering information directly from families, children and service team members.

Another structural barrier to strength-based and engagement approaches is the law enforcement and judicial environment in which child welfare operates. Most child welfare cases originate due to neglect or abuse, both of which are, depending on their severity and harm inflicted, potentially a criminal act. So, for example, parents responsible for abuse or neglect are likely to be identified as perpetrators and their children as victims. Much of the responsibility of child protection staff is investigative, intended to determine if abuse and neglect occurred, the severity of harm, the identity of the person who inflicted the harm and the risk of future harm. More serious cases of abuse and neglect may involve joint investigations with law enforcement. Such cases may involve the use of forensic interviewing techniques, a major purpose of which is to improve the likelihood that the evidence collected will be supported in court. Embracing the use of child and family strengths often occurs in a legal environment hostile to the concept.

Even past the investigative stage, ongoing juvenile and family court oversight relies heavily on compliance and consequences to produce changes in parental behavior. While judges may have sympathy for families and appreciate the value of family engagement, the court's role is usually one of enforcement and is inevitably judgmental. In operating in an environment where agency CPS and foster care roles are so dominated by the nature of law enforcement and court processes, it is no wonder that child welfare staff struggle to conform to agency expectations of family engagement and concurrently work in support of the law enforcement and court environment.

Beyond the influence of law enforcement and court partners on child welfare practice, child welfare systems create their own disjuncture with strength-based and relationship-building approaches. For example, most child protection risk assessment tools are completely deficit focused and unable to clearly reflect the compensating effects of family strengths. Policy may emphasize individualized planning with families, but SACWIS systems can confine the recognition of unique child and family strengths to general terms found on a drop-down list. And while many systems emphasize the importance of family involvement in decision-making, CWG Qualitative Service Reviews reveal that in many states a high percentage of families have little involvement in collaboratively shaping their service plan.

Medicaid and conventional diagnosis-driven mental health practice can present yet another barrier to the strength-based approach on which effective family engagement is dependent. Medical necessity provisions in Medicaid promote labeling of behavior that encourages the focus on child and family deficits to assure eligibility for mental health services. Traditionally, mental health practice is based on DSM diagnoses, both for payment eligibility reasons and practice philosophy. So youth, for example, are given diagnostic labels that both define and follow them throughout their experience in the system. In both cases, child and family strengths get lost in the negatives associated with their diagnostic label.



In addition to the influence of deficit-based policies and partners, differences in race, class and culture between child welfare staff and the families they serve can leave some staff vulnerable to the influence of bias and stereotyping and families mistrustful, making engagement even more difficult.

Because of the dominant law enforcement and court compliance environment in which they operate and the mixed messages about family engagement and strengths-based practice given by agencies in which they work, it is no wonder that child welfare staff struggle to develop the trust-based relationships with families needed to enlist them in a committed process of change.

Strengthening Family Engagement Practice

While engaging families within the child welfare environment can be a challenge, it is by no means out of reach for any worker or system. Based on CWG's experience in training and coaching child welfare staff, there are practice approaches that reduce the imbalance of power between workers and family while still maintaining child safety as a priority. There are also training and coaching approaches that permit child welfare staff to approach families with the core helping conditions of genuineness, respect and empathy. And there are policy practices that provide institutional support for family engagement. These promising practices are discussed below.

Approaching Families with Genuineness, Empathy and Respect

While many staff have the capacity to relate to families with genuineness, empathy and respect, application of these values can be conditional, depending on the response of the family to offers of help, their expressed acceptance of responsibility for harm to their children and their cooperativeness with agency expectations. The goal in effective engagement work is to treat all families with genuineness, empathy and respect. The beginning point in developing staff to work within the core helping conditions is to help them view families as responding to challenges in a universal manner. Training activities can be used to evoke staff's own response to past stress, loss and surrender of control, which can provide insight into the reasons child welfare families may display anger, withdrawal and "resistance". Viewing families through this lens permits more genuine engagement. Also there are practice techniques that diffuse anger, provide hope and re-frame resistance that demonstrate the intent to engage in a trust-based relationship.

One recent QSR case reveals both the cost of not engaging families and the opportunity good engagement provides.

Ms. M is the mother of a 12-year-old child in a foster home placement who is displaying increasingly challenging behavioral challenges as a result of his developmental impairment, past trauma and inability to see his mother regularly. The mother has a history of substance abuse, has served a prison sentence and seems to be homeless, although she insists otherwise. She states that she is in recovery. Her caseworker mistrusts and fears her and could not identify any meaningful strengths. In the QSR reviewers' interview with the mother, who was sitting with her hands clasped in her lap, she confided that she knew she intimidated people. She attributes this to her stern appearance and tendency to wave her hands when speaking when she feels threatened and fearful. "I have learned that if I keep my hands on my lap people don't get as upset with me", she stated. Reviewers also learned that she spoke to her son's case manager with the disabilities agency that served him several times a month to check on his progress and to offer suggestions about how she dealt with his behavior when he lived with her.

Here we see several powerful strengths of the mother: her self-awareness about her manner, her ability to control her own behavior under some circumstances and her persistence in keeping up with her son's status. In this case, the child welfare agency was not aware of the involvement of the disabilities agency, nor had it explored any of mom's strengths. Through a simple lack of engagement and development of a trust-based relationship the agency lost an opportunity to see and perhaps capitalize on areas where mom exhibits personal insight, self-control and persistence in monitoring her son's status. Recognizing these assets permit viewing the mother as a much more capable and caring parent, even if she is currently unable to provide care.

The Role of Trust and Honesty

Family engagement requires honesty and the creation of a trusting relationship. Many families are already mistrustful of the child welfare agency, so clear and honest communication is vital. Families want clarity about the process they face



and most important knowledge of what expectations must be satisfied. Honesty is not merely listing the consequences of non-compliance with the service plan. Good engagement necessitates a mutual understanding and agreement between the family and worker about the nature of the problem to be addressed, the roles of team members, the steps necessary to achieve the goal and what success will look like. A clear working agreement anchors the engagement process and ensures that expectations about safety outcomes especially are non-negotiable, even though the route to achieve the outcomes can be jointly developed. The development of an explicit working agreement should be an expectation early in the engagement process and should be regularly revisited.

Listening to the Family Story

A constant in CWG's coaching work with staff and the families they work with is the belief by workers that where eliciting the family's story is concerned, "We don't have time to do that." However another common response from staff when CWG interviews yield vital facts about the family's experience that were unknown to the agency is, "How did you learn that?" The foundation of effective engagement with families is not sophisticated interviewing techniques, but listening. The time pressures and volume of work in child welfare cause staff to become intensely focused on task completion and information collection to the point that hearing the family describe their own experience seems optional. If families are to be engaged, they have to feel that they and their life experience are considered important enough to be fully heard. Beyond the value of the family story to engagement, the family's story provides details and perceptions that explain their current challenges to an extent no risk assessment form or assessment tool alone can provide.

In one remarkable example, a mom thought to be neglectful of her children's health needs was described by her home-based worker as passive, slow and unmotivated. In a respectful interview with the mom by the practice coach, patient listening and thoughtful follow-up questions revealed that the mom had once attended community college and had hopes at one time of getting an associate degree in child development. She was alienated from her mother, whom she thought disapproved of her because she had a child out of wedlock and was neglected by her distant and often absent spouse. Her affect suggested possible depression and it was learned that she had struggled with depression in the past. It turned out that the mom was diagnosed with moderate depression and was prescribed anti-depressants by a mental health professional. Her depression had affected her willingness to take the chance to reach out to her mother for support, who it was determined very much wanted to reconcile with her. Learning from the mom's own story permitted the worker and mom to develop a strong bond, which provided the impetus for mom to address a number of other unmet needs, especially those of her children. Ultimately, the time spent engaging and listening to the mother saved significant system time and investment, as the case soon progressed far enough to be closed.

Assessing Family Strengths

Many families are so overwhelmed with the challenges they face that they don't recognize their own strengths. The engagement process provides an opportunity for workers to affirm to families the strengths they recognize, not only to help build the relationship, but also to offer the family a vision of a different future. To be effective in helping the family achieve their goals, strengths identification should be more than a simple inventory of assets; strengths identified should be functional in relation to the challenges that must be overcome. For example, rather than simply recognize that mom loves her children, a functional strength might be that mom has had long periods of providing nurturing care for her children. That strength permits further exploration of what was different when she was able to fully respond to the needs of her family, possibly pointing to solutions that have been effective in the past. Or regarding a dad who used excessive corporal punishment with a teen for hanging out with peers who have a history of delinquent behavior, reframing the intent of that behavior would permit the observation that dad is very concerned about the safety and future of his son – a powerful strength and one that reflects positive parental intent. Functional strengths can be the foundation for a plan, not just a gratuitous compliment. But if "parent is compliant" is a commonly used family strength in system practice, serious assessment is needed regarding the role of power and the quality of relationships in work with families.

Developing Engagement Skills Among Staff

The process of development of staff engagement skills should begin with clarity of expectations. Policy and staff performance expectations should describe expected engagement performance specifically. In the case of performance expectations, behavioral anchors should be used to communicate the performance desired.

Training and coaching of staff are crucial elements in the development process. First, trainers must possess the engagement skills they are teaching. Effective practice training involves the cycle of presenting conceptual information, modeling the skills, practice of skills by participants and feedback by trainers on performance. It is vital that trainers be able to demonstrate the practice skills they are teaching, so training of trainers is likely to be necessary. Participant group size should be small enough to permit small group practice activities and trainer mentoring, which means limiting participant numbers to no more than twenty-five. Skill-focused activities should address the common interviewing skills of exploring, focusing and guiding, using case simulations and role plays to practice interactions essential to engagement.

Content should involve activities that press staff to test their values as well as their skills. As mentioned previously, one goal is to help staff see the strengths of their families and their commonalities with them. Deficit-based practice is deeply embedded in child welfare systems, so building family engagement competency can't be accomplished in brief in-service training alone. Training must be long enough to permit intensive modeling and practice of skills if it is to be effective.

Crucial as it is, training, no matter how well delivered, cannot create a family engagement practice culture on its own. It must be followed by effective coaching in the field, where practice specialists, supervisors and practice consultants mentor staff in work with actual families. That translation of skills from the classroom to the family living room is an opportunity for staff to see the skills modeled in actual practice and receive coaching on their own skills. Building internal coaching capacity must be a part of the strategy for strengthening family engagement.

Evaluating Engagement of Families

As the saying goes, "You get what you inspect, not what you expect." To ensure that engagement practice is of high quality, consistent and effective, quality assurance/quality improvement processes must measure its use. The most effective QA approaches in this regard are qualitative and involve interviews with the family and other team members. The Qualitative Services Review (QSR) referenced earlier, is the most comprehensive and thoroughly tested qualitative assessment



tool available. The QSR assesses family engagement, broadly defined, through two indicators, Engagement and Voice and Choice. These indicators assess more than effort, they focus on results, meaning the degree to which a trust-based relationship exists. The following definitions are employed by the Los Angeles County QSR protocol, one of the most recently developed versions, and describe the desired family engagement standard.

Engagement: Degree to which those working with the focus child and family (parents and other caregivers) are: • Finding family members who can provide support and permanency for the focus child. • Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child and family. • Focusing on the child and family's strengths and needs. • Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation. • Offering transportation and child care supports, where necessary, to increase family participation in planning and support efforts.

Voice & Choice: Degree to which the focus child, parents, family members, and caregivers are active ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child and family strengths and needs, goals, supports, and services.

Tools like the Qualitative Service Review permit regular assessment of the quality of practice so progress over time in strengthening areas like family engagement can be tracked. For example, Utah's DCFS improved its QSR family engagement scores from 45% acceptability at the beginning of its reform to 86% in 2010. This shows how diligent practice improvement efforts produce high quality practice over time.

Multiple Response Systems - An Important Role for Family Engagement

A positive and emerging trend in many child welfare systems lends new importance to the role of family engagement. Increasing numbers of systems are implementing Multiple Response Systems (MRS), a flexible, more tailored approach to responding to reports of abuse and neglect. The Children's Bureau describes MRS as a differential response approach in which selected reports of child neglect and dependency are assigned to a family assessment track rather than the traditional investigative approach. In such cases, strength-based assessment practice is promoted and services are more voluntary. The MRS approach, because it is a more assessment-based than investigation-based like conventional CPS, is much more dependent on engagement skills to assist parents in strengthening parental capacity. Without training and coaching in engagement practice, MRS staff are vulnerable to drifting back into deficit-based practice.

Carl's Recovery

The following case story was related by a young caseworker, Leanne and her supervisor. Leanne had just completed pilot training modules focused on strengthening family engagement, teaming, assessment and planning. She joked that when she was assigned Carl's case, she naively believed that the engagement approaches she had been taught might reach even someone as unengaged as Carl.

Carl is a 40 year-old single parent of two boys, ages 12 and 10. Both children have been in foster care for 18 months, placed with DCF because of his alcoholism and its effect on his ability to care for his children. DCF staff are fearful of Carl because of his anger and threats, which have occurred during home visits and office visits as well. Carl has also been held in contempt by the family court judge for arguing with her in court. Because of his explosive temper all visits with the children are closely supervised and infrequent. Carl is frequently unemployed and despite some past successful employment in the building trades is now working part-time as a laborer. The boys miss him terribly and want to go home.



Before Leanne's first home visit with Carl, she talked with the foster parent about the boys' status and also called their teachers. When she arrived at Carl's home, he was repairing the porch railing and their first communication was devoted to his carpentry work, not his progress in complying with his case plan. Later in the visit Leanne told Carl about the boys' adjustment and in particular, asked if he could help her encourage them to give greater attention to schoolwork. He and his boys joined her the next week in a meeting with school counselors, where to everyone's surprise, he supported the school's strategy for improving their school performance.

Leanne continued this practice of engaging Carl personally in subsequent visits and in making him a partner with the foster parent and others in attending to the boys needs. Soon, Leanne was able to explore with Carl how his drinking affected both his own well-being as well as that of the boys and not long after, he began to consider resuming his involvement in out-patient substance abuse counseling. Leanne went with him to his first session with the counselor. Over time, through Carl's resilience, Leanne's support and guidance and his relationship with the counselor, Carl began a period of sobriety that permitted visits that were at first, brief and unsupervised and later the court considered a week-long trial home visit.

In the court hearing to consider the trial home visit, the judge addressed Carl by saying, 'What has happened with you? I recall hearings where you threatened court officers and caseworkers and today you are sitting with your caseworker and the boys' foster parent and they are recommending I approve this visit. What's different?' (According to Leanne's supervisor), Carl pointed at Leanne and said, "She's different. She's the only one of you who cared what happened to me as well as my boys."

Carl's subsequent progress, though uneven at times, permitted the boys to be successfully reunified with him.

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