REPORT # 1
DIFFERENTIAL RESPONSE & FAMILY ENGAGEMENT
ANNOTATED BIBLIOGRAPHY

INSTITUTE FOR COMMUNITY COLLABORATIVE STUDIES
California State University Monterey Bay

Prepared by:
Emma Spellman, BA, CHHS, ICCS Research Assistant
Marty Tweed, MSW, LCSW, Senior Research Associate
Ignacio Navarro, Ph.D., Co-Principal Investigator
Kim Judson, DrPH, Co-Principal Investigator

Research Partners:
Daniel Bach, Monterey County Dept. of Social Services
Larry Imwale, Action Council of Monterey County
Arthur Lomboy, Monterey County Dept. of Social Services
Differential Response and Family Engagement

INTRODUCTION

Since the mid-1990s, an increasing number of states have been implementing a differential response (DR) system in their child protective services program as part of a national child welfare reform process (Kaplan & Merkel-Houguin, 2008). Differential response, also referred to as “dual track,” “multiple track,” or “alternative response,” is an approach that allows child protective services to respond differently to accepted reports of child abuse and neglect, based on such factors as the type and severity of the alleged maltreatment, the number of previous reports, the age of the child, and the willingness of the parents to participate in services (CHHS, 2005). Generally throughout the country, DR is used for families deemed to be low to moderate risk by the child welfare system, who under the traditional model would be assessed out of the system and receive no services or support. DR can also be described as a prevention model that seeks to divert or eliminate the removal of children from their homes.

A key element of the DR model is the concept of family engagement. DR attempts to use engagement strategies instead of a potentially adversarial approach to deal with child maltreatment concerns. While there is no agreed upon definition of engagement, there are many descriptions. According the Child Welfare Information Gateway (June, 2010), family engagement is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. In the child welfare system, benefits to early engagement include greater opportunity to explore relatives and research indicated there is also increased placement stability and more timely reunification of parents and children (Merkel-Holguin, et. al, 2003).

The following annotated bibliographies give background information about Differential Response programs in child welfare practice and family engagement. The bibliographies contain governmental reports, private agency reports, and scholarly journal articles covering:

Differential Response
1. The emergence of Differential Response as a model in child welfare
2. Evaluations of Differential Response programs
3. Recent developments in Differential Response

Family Engagement
1. Introduction to engagement
2. Definitions of family engagement
3. Characteristics and benefits of family engagement
Table of Contents

Differential Response: Annotated Bibliography................................................................. 7

(*Indicates these articles are publicly available online) .................................................. 7

Emergence of the Differential Response Model............................................................ 7


Evaluations of Differential Response Programs .......................................................... 11


**Recent Developments in Differential Response** .......................................................... 15


**Engagement: Annotated Bibliography** .......................................................... 15

(*Indicates these articles are publicly available online) .......................................................... 15

**Introduction** .......................................................... 15

**Definitions of Family Engagement** .......................................................... 16

**Characteristics and Benefits of Family Engagement** .......................................................... 17


**Engagement Literature: Process & Measurements** .......................................................... 19


Differential Response: Annotated Bibliography
(*Indicates these articles are publicly available online)

Emergence of the Differential Response Model


California’s implementation of Differential Response differs from programs offered in most other states. California’s model is targeted toward those families who are initially screened out at the child abuse hotline and who are then assessed as low- to moderate-risk, whereas the national model of Differential Response is targeted to families with substantiated reports and qualify for services, but whose level of risk is characterized as low to moderate. In the national model, however, the approach is to offer these services to a population who would have otherwise received a mandatory, often intrusive, and punitive response. Both the national and the California models share the goal of preventing future involvement with the child welfare system. A secondary goal of the national model, however, is to ensure that child safety is not compromised (that is, children are no worse off) by an approach that could be considered “softer.”


This guide was prepared to provide guidelines for implementing Differential Response in a consistent manner throughout California. In 2004, 11 California counties participated in a pilot project to implement child welfare improvements, including DR. In 2008, the 11 pilot counties convened to address consistency and model fidelity of the DR program. The pilot counties created these guidelines to provide information to assist other county child welfare service agencies in implementing DR activities in California. This guide also provides helpful information for community partners when a family is referred for services.

This report provides considerations to help child welfare jurisdictions in planning and communicating the DR approach to stakeholders. This report includes three parts:

- Analysis of jurisdictions’ implementation experiences
- A matrix comparing implementation experiences and additional information across 10 jurisdictions
- Information regarding resources for jurisdictions considering DR or in the process of implementing DR

Information was gathered from informational requests from jurisdictions, conversations with agency managers and DR leaders from some jurisdictions, as well as publicly available literature and documents.


Casey Family Programs’ report describes the Breakthrough Series Collaborative (BSC)—the method used to implement California’s new child welfare initiatives to improve statewide practice. The framework targeted three areas: Differential Response, Statewide Safety Assessment, and Permanency and Youth Transitions. This report outlines the overall training efforts, explains the BSC methodology, describes key strategies resulting from county testing, highlights lessons about organizational culture change, and suggests next steps for implementing and institutionalizing DR practice changes statewide.


This literature review examines and explains the reasons for the creation of the differential response model in child welfare, focusing on California’s first DR program in Alameda, Another Road to Safety.
Voluntary Nature

Conley completed an in-depth analysis of DR in Alameda County and questions whether DR programs are actually voluntary. Alameda County’s DR program engages its clients “voluntarily”: clients may choose to accept or refuse services, however, (as in many other counties within California) they are informed that in cases of refusal, child protective services will be notified and may choose to take action. Few studies have examined the validity of the “voluntary” claim in child welfare services; the studies that do exist hint that some level of coercion may still be involved.

Use of Paraprofessionals

Since differential response programs utilize services provided by community-based organizations, where workers are more likely to be paraprofessionals and not experts in the field, it is important to consider what effect this may have on the quality of the services. Home visits conducted by paraprofessionals may be more effective because there is less social distance between the worker and client, they better reflect the community, and may be better at empathizing with clients if they have also experienced challenges as a parent. However, it is difficult to evaluate the efficacy of paraprofessionals because their backgrounds (education, training) vary so greatly.


Flynn et al. conducted case studies of Minnesota, North Carolina, and Nevada’s Differential Response Systems. The research consisted of three parts: a general literature review, a more focused review of published evaluations on each state’s DR model, and key informant interviews with child welfare professionals in each state. For each state, the report describes:

- Impetus for change
- Support and resistance to change
- Implementation strategies


The creation of differential response programs is generally done using the following values:

- Engagement versus adversarial approach
• Services versus surveillance
• Label of “in need of services/support” versus “perpetrator”
• Encouraging versus threatening
• Identification of needs versus punishment
• Continuum of response versus one size fits all

The opportunity for families to engage in services voluntarily is a core element of differential response and is done with the use of services provided by community-based organizations. Although differential response programs are built around a model of voluntary services, the extent to which they are truly voluntary varies across states. In some states, if parents or caregivers decline to address the risk factors and cooperate with services that are offered, this refusal triggers a more coercive response. When families receiving the assessment response reject services, some states reassign the case to the investigation pathway while others mandate services. With these more coercive reactions to refusal, we must question whether the opportunity to participate in services is actually voluntary.


This brief focuses on the development of practice models for child welfare jurisdictions where DR systems are being developed and implemented. Information was collected by conducting a literature review, multidisciplinary summits, interviews, surveys, focus groups and listening sessions. QIC-DR found that a number of jurisdictions that are organized as differential response systems employ a practice model that is consistent across all response pathways. These practice models reflect the movement in the direction of prioritizing an understanding of the considerable depth required in direct service to both prevention and intervention with families where there are ongoing concerns regarding the safety and well-being of children.


Waldfogel explains the necessity for the creation of a differential response model due to the overwhelming volume of CPS calls to underfunded public agencies. Due to the increasing number of child maltreatment reports coming in to CPS and the extremely limited capacity of CPS agencies, many families who could benefit from services are not adequately reached. The goal of the differential response program is to address the needs of the families who would
otherwise be assessed out and would not receive any services. The proposed differential
response model provides voluntary services through community-based organizations to make up
for the lack of public funding available. Using community-based organizations also creates a
better relationship between family and service worker, because the threat of legal action is
removed.

While the creation of a differential response program would provide opportunities for additional
families to receive support services that they would otherwise be denied, there are still risks
associated with a DR program. These risks stem from the fact that the reach of the CPS system
would be narrower and also the lack of accountability when families are transferred to
community-based organizations where the tracking and surveillance capabilities are limited.

nonvoluntary child protective services. Research on Social Work Practice, 15(84) DOI:
10.1177/1049731504271605
Retrieved from http://rsw.sagepub.com/content/15/2/84.short

Yatchmenoff (2005) found an association between client investment in the change process and
engagement in services was found to be significant. Fear and mistrust of the caseworker and the
child welfare system were found to negatively influence a client’s willingness to change. The
hope with differential response programs is that since paraprofessionals working for community-
based organizations do not have the power to remove children, the clients will feel less distrust
of the organization and be more receptive to change.

Evaluations of Differential Response Programs

associated with a differential response program in California. Child Maltreatment, 15(4),
282-292. doi: 10.1177/1077559510376236

Conley and Berrick present findings from a study in which they examined the effectiveness of
California’s first differential response program—Another Road to Safety (ARS) in reducing
future reports of child maltreatment. Conley and Berrick compared families with children aged
0-5 or a pregnant mother living in target zip codes who were participating in ARS programs to
families who were eligible for ARS services, but were assessed out due to program capacity.
Findings of this study suggest no statistically significant differences between groups on the
likelihood of a re-report following program participation, on the timing of maltreatment reports
following participation, or on report investigations.


This study compared children in six different states who were referred to DR programs with those who underwent traditional investigations using case-level data reported in 2002 to the National Child Abuse and Neglect Data System (NCANDS). The findings from this research demonstrate that the rate of recurrence within six months was comparable for children who received an alternative response and those who received an investigation, or that, in the case of Oklahoma, the rate of reentry was lower. Findings from some studies suggest that child safety is not compromised by alternative response and that children involved in alternative response systems are less likely to experience a subsequent report or investigation, but this may be because these children have already been identified as being at lower risk of maltreatment.


The Minnesota project, piloted in 20 counties in 2001 and subsequently expanded statewide, is an example of a new approach to assisting families reported for child abuse and neglect (CA/N) to child protection services (CPS) using an Alternative Response (AR) model. The study population consisted of 2,860 experimental families and 1,305 control families with CA/N reports between February 2001 and December 2002. Perhaps the most important finding of the evaluation was that child safety was not jeopardized under AR. An assumption implicit in traditional CPS has been that adversarial investigations are necessary to ensure children are protected; that is, that child safety threats are removed or controlled. There was no evidence that AR resulted in greater declines in child safety among families in which safety problems were found. Rather, considering all individual categories of change in child safety, the percentage of experimental families that ended with safety improvements totaled 47.7% compared to 31.8% for control families. AR also increased participation on the part of family members, a direct measure of actual engagement: 68% of experimental families said they were involved a great deal in decisions that were made about their families and children, compared to 45% of control families. There was a modest but statistically significant reduction in recurrence among experimental families. The absence of new reports of CA/N is an indirect measure of improvement in the long-term safety status and general welfare of children.


Due to a growing level of dissatisfaction with traditional CPS practice, states and counties are developing differential response programs to provide families with needed services. This article presents a discussion of issues in tracking cases that are sent to community-based organizations as part of the differential response pathway. There is worry that without an open CPS case, jurisdictions are unable to track services, outcomes, or continued risks when services are provided by community-based organizations. Additionally, there is concern that community-based organizations do not have the expertise needed to recognize and respond to safety concerns. Some evaluations indicate that many of the families diverted from CPS through differential response are not adequately assessed or served by the community, and children continue to be at risk.


Eleven California counties piloted three strategies to improve outcomes for children and families served by the child welfare system—Standardized Safety Assessment, Differential Response, and Permanency and Youth Transition. This evaluation utilized quantitative data from the CWS/CMS system and qualitative data from in-depth site visits to the 11 pilot counties. Both the qualitative and quantitative data indicate that the pilot strategies are effective in achieving permanency for children while maintaining their safety and well-being. Families, child welfare services staff, and other agencies are also reporting that the Child Welfare System is being significantly improved by these fundamental changes.


The Child Welfare Pilot Project was launched in 11 counties in 2003, and over the next few years these counties implemented three strategies to improve outcomes for children and families: Standardized Safety Assessment, Differential Response, and Permanency and Youth Transition. The pilot project was intended to achieve fundamental system change, reframing the role of Child Welfare Services, other agencies, and the children and families themselves. To evaluate the outcomes of this pilot project quantitative data from the Child Welfare Services/Case Management System was analyzed, multiple site visits in the pilot counties were conducted, and
relevant literature was reviewed. Data indicates that the pilot strategies are effective in achieving permanency for children – primarily through family reunification or adoption – while maintaining their safety and well-being. Also, the child welfare system is being changed fundamentally, with significant improvement reported by families, child welfare services staff, and other agencies.


This study examines the efficacy of a family differential response program to lower rates of 1) reentry into child protective services and 2) child removal. Data were collected over 20 months from one region of British Columbia, Canada using the government ministry database for intake and investigations. Comparisons between the differential response pathway and cases assigned to regular investigation suggest that DR does not decrease recidivism to CPS. However, fewer children in the FDR group were removed than children in the investigation group.


Starting in 2007, Nevada phased in a DR system over a three-year period and family assessments became available to families in nearly every part of the state. The Nevada DR model is unique among states with DR programs in involving community-based FRCs in all DR family assessment cases from start to finish. Findings of this evaluation show that families who receive a family assessment are poorer and less educated than other families in Nevada and mostly view the DR pathway as a positive experience. Families receiving family assessments tend to be those experiencing significant problems related to the wellbeing of their children and are often living in poverty. Additionally, feedback from families and FRC caseworkers show that the DR program has been implemented with model fidelity—both in terms of protocol and services provided. This evaluation shows that the DR program has fewer subsequent reports of child maltreatment, fewer new investigations or family assessments, and fewer removals of children from their homes when compared with similar families who have received traditional CPS investigation.
Recent Developments in Differential Response


Retrieved from http://rsw.sagepub.com/content/23/5/493

A literature review discussing the definitions, design, and implementation of DR programs across states and agencies over time. Hughes et al retrieved data from published reports, formal research and program evaluations conducted by DR sites, and interviews with key informants. Hughes et al found that DR programs are implemented inconsistently across sites; a lack of consistent data collection limits confidence in research findings; the safety of children served by DR tracks cannot be confirmed by data; programs seem to prioritize already-limited financial resources to families in the DR track; and DR literature negatively misrepresents the traditional CPS track to enhance the DR track.

Engagement: Annotated Bibliography

(*Indicates these articles are publicly available online)

Introduction

Over the past decade, the field of child welfare has seen a practice shift with greater commitment to involving families, children and youth as active decision makers in all stages of the case planning process. The Adoption and Safe Families Act (ASFA) of 1997, The Foster Care Independence Act in 1999 and The Fostering Connections to Success and Increasing Adoptions Act of 2008 all support full engagement of those served by child welfare systems. Current research literature describes family engagement in child welfare as a series of intentional interventions that work together in an integrated way to promote safety, permanency and well-being for children, youth and families.

Engagement is also a core competency in social work education for programs accredited by the Council on Social Work Education. The Educational Policy Accreditation Standards (EPAS, 2010) identify engagement as part of Core Competency 10: Engage, Assess, Intervene and Evaluate with individuals, families, groups, organizations and communities. Core training for public child welfare workers in California includes content on engagement to help facilitate relationships that can impact effective service outcomes for at-risk families and children. The following synthesizes what the research says about family engagement:
Definitions of Family Engagement

The Family Driven Study (2006), funded by the US Substance Abuse and Mental Health Services Administration, focused on evaluating outcomes for families who participated in Comprehensive Community Mental Health Services for Children and Their Families Program (Osher, Xu, & Allen, 2006). The study considered “family engagement” with voluntary clients. It defined “family engagement” as follows.

- Engagement is the act of doing something for your child, yourself, or your family, that:
  - determines or derives from a care plan or
  - supports the delivery of services and supports.

- Engagement is also participation of families and youth in governance, management or evaluation activities with the intention of improving or enhancing service planning and delivery of treatment, services, supports, or care for children in the community.

Families may engage in different ways and intensity as their child’s and family’s needs change or as opportunities to become engaged in their child’s care or in the service system vary. This study identified the following outcomes that families attribute to engagement:

- Increased empowerment
- Improved care and services
- Improved child or family outcomes
- Improved access to services
- Greater family voice in advocacy

Other definitions of “client engagement”, “family engagement”, and “engagement” can be found in the research literature.

- *Engagement*: The participation necessary to obtain optimal benefits from an intervention (Prinz & Miller, 1996)

- *Client engagement*: An interactional, interpersonal process whereby the social worker creates an environment of warmth, empathy and genuineness that enables a client to enter into a helping relationship and actively work toward change; the degree to which a given client is committed to collaboratively working with a worker toward change (Cooper-Altman, 2008)

- *Family engagement*: A strengths-based approach and a defining characteristic of family-centered and team-based decision-making (Child Protection Best Practice Bulletin, 2007)
Characteristics and Benefits of Family Engagement

The Child Protection Best Practice Bulletin (2007) provides the following characteristics of family engagement:

- Family resources and kinship connections are maximized.
- The family actively participates in solution- and outcome-focused planning and decision-making that is needs-driven and strengths-based.
- Interactions with families are open, transparent, and non-judgmental.
- The relationship between families and professionals is viewed as a partnership.

A number of studies have identified the benefits of family engagement for families, children and youth. Research Findings:

- Reduces the chances that parents will lose custody of their children (Atkinson & Butler, 1996)
- Hastens family reunification (Jivanjee, 1999; Tam & Ho, 1996)
- Increases the likelihood that parents receive the services they need (Jones, 1993)
- Parents visit more with their children and are more likely to be reunited (Davis, Lansverk, Newton, & Granger, 1996; Hess, 1987)
- Results in fewer subsequent reports of child maltreatment (Littell, 2001)


This publication summarizes literature on engagement. Critical features of engagement, such as early and intensive client involvement, are outlined. Notably, research includes both client and worker views of effective engagement practices as well as barriers to effective engagement. Overall, a strengths-based, collaborative approach to service is supported.

Engagement in child welfare services has been associated with positive outcomes for child welfare services, drug treatment programs and mental health services. However, effective engagement between the worker and biological parent is often elusive for a variety of reasons, including severe parent problems such as drug and alcohol abuse, parent mental health problems and worker and agency characteristics that serve as barriers to effective engagement. Differential Response has been identified as one approach to help overcome barriers to effective engagement as well as to promote positive child and family development.

Characteristics of children and families associated with effective engagement are identified. For example, substance abuse, mental illness and interpersonal violence, as well as the co-occurring
contexts of poverty, social problems and cultural differences are discussed. The complex interaction of psychological states and presenting problems for referral are documented, especially in relation to parental substance use.

Early engagement is associated with program success (Cash & Berry, 2003; Littell, 1997) and successful helping relationships (Chapman, Gibbons, Barth, McCrae, & National Survey of Child and Adolescent Well-Being [NSCAW], 2003). MacLeod and Nelson’s (2000) meta-analysis revealed that intensive programs characterized by high levels of client involvement, an empowerment/strengths-based approach and social support had higher effect data than family preservation programs without those characteristics.

Kemp et al. (2009) developed comprehensive guidelines for family engagement. Importantly, a key component is early, active and persistent initial contacts which may promote an effective working alliance. Through these contacts, workers can come to understand their clients and work toward acknowledging, validating and responding to parents’ cultural vulnerabilities and practical, psychological and emotional needs in relation to their child welfare status. For example, McKay and Bannon (2004) found that a thirty minute focused telephone engagement intervention that addresses these cultural, psychological, practical and emotional needs is associated with increased attendance at initial appointments among urban ethnic minority families. In addition, active attention to promoting engagement in the first interview was positively associated with ongoing attendance. Another study (Swartz, Zuckoff, Grote, Spielvogle, Bledsloe, Shear and Frank (2007) examined a face-to-face engagement intervention and found that the one hour intake session significantly increased involvement and initial treatment attendance in a sample of depressed, low-income patients. The intake interview was designed to address the psychological and emotional barriers individuals may face in entering treatment.

Similarly, focusing on the relationship between child welfare workers and clients, Kinney and Strand (2001) outline the essential characteristics and skills for child welfare workers assisting drug using or addicted parents. Child Welfare workers should be empathic and compassionate, support rather than confront and be resilient and able to maintain perspective. In addition, workers should be able to keep people safe, including children, families and themselves.

Romanelli, Hoagwood, Kaplan, Kemp, Hartman, Trupin, Soto, Pecora, LaBarrie, Jensen and the Child-Welfare-Mental Health Best Practices Group (“Best Practices Group”; 2009) developed consensus-based recommendations for parent engagement. The overarching goal for the guidelines is that services should be nonstigmatizing, supported by research, flexible to meet the needs of clinicians/administrators and families, cost-efficient and offered before major problems arise.

Baker (2007) also suggests that client feedback is a critical part of child welfare service delivery. Among the many uses of a client feedback measure, Baker recommends that a measure can be used to evaluate the effects of new programs or changes in programs. In addition, use of a client satisfaction measure can foster a sense of empowerment in the parents.
Engagement Literature: Process & Measurements

There are varying perspectives on how to view family engagement. Two primary views in conceptualizing family engagement derive from the literature; engagement as a process and as a product or outcome. From the first perspective, engagement can be viewed as an interactional, interpersonal process, beginning when workers establish communication with a potential client and ending when there is a preliminary agreement to work together (Altman, 2008). Others conceptualize it for research purposes as an outcome, usually measured by rates of client participation or service dosage (Littell, Alexander, & Reynolds, 2001; Littell & Tajima, 2000) or attrition (Daro, McCurdy, Falconnier, & Stojanovic, 2003).

Key casework elements in the family engagement process include sufficient frequency and length of contact with families and their informal supports, shared decision-making and participatory planning, and individualized service plans that go beyond the preset service packages of parenting classes and counseling (Dawson & Berry, 2002; Yatchmenoff, 2005; Rooney 1992; Wells & Fuller, 2000). It is significant to note that frequent visits with parents are positively associated with more positive client-worker relationships and better outcomes in discipline and emotional care of children (Lee & Ayon, 2004; HHS, 2004).

Additional strategies in family engagement include motivational interviewing. This counseling method utilizes a guiding rather than directive approach to enhance intrinsic motivation and promote behavior change by helping families explore and resolve ambivalence. This technique has shown positive results in working with children welfare populations with substance abuse issues (California Evidence-Based Clearinghouse for Child Welfare). Father involvement is also seen as an essential element of family engagement and agencies are increasingly reaching out to fathers in assessment and case planning processes.

The following articles summarize more current research findings in the area of the engagement process:


Dumbrill confirms earlier work that identifies worker power as a factor influencing parental perceptions of intervention. This study builds a model representing the ways that parents perceive and react to intervention in the child welfare system. This study found that parents can perceive workers using “power over” them or “power with” them and linked these perceptions to the ways parents choose to engage in the process. Parents reported responding to intervention in three ways: (1) “fighting” through openly challenging and opposing workers in court; (2) “playing the game” by feigning co-operation; and (3) working with services in what appeared to be genuine and collaborative relationships. If parents feel that they have no choice other than to
participate in programs, they will likely feel that the worker is using “power over” them, however, if they voluntarily choose to participate, they will feel “power with” them and more actively engage in the process.

This study also found that fear was evoked primarily by parents being skeptical about the child protection system acting in the interests of their children, and because parents believed that workers held narrow, pre-conceived ideas about the problems that existed in their family. Even when parents perceived that workers were using power with them as a form of support, they remained mindful and cautious of the potential for this power to be used over them.


Parents often feel they are not authentically included and also that their most pressing needs are not sufficiently addressed. This article describes two innovative approaches to parent engagement; the Parent Mentoring Program and the Parent Partners Program. Evaluation results indicate parents in the Parent mentoring Program (draws on expertise of foster parents) were more likely to reunify with their children and reported mentors were supportive and nonjudgmental.


Drawing on review of factors that shape efforts to engage parent in child welfare, and on relevant research, this paper lays foundation for an approach by identifying and describing six core dimensions of engagement and related intervention strategies. In child welfare, low and uneven levels of parent engagement are pervasive and services to parents and children tend to be separated, leaving important opportunities for parent-child interventions underutilized. Even non-mandated services have difficulty engaging families of color and those whose lives are consumed by multiple challenges. Authors recommend strategies ranging from brief interventions to enhance initial engagement to supportive relationships focused on sustaining involvement and positive progress towards permanency outcomes.

Factors influencing engagement: many parents report their most pressing needs are overlooked or inadequately addressed by CPS services. Early offers of relevant services have been shown to
predict successful helping relationships. Research has also shown that earlier negative experiences with services carry forward into later interactions. Brown (2006) found that child welfare-involved mothers identified system navigation skills as a pressing need, including the ability to communicate effectively, knowledge of institutional policies and practices and skills in managing and containing negative emotions.


Retrieved from [http://www.chapinhall.org/sites/default/files/old_reports/246.pdf](http://www.chapinhall.org/sites/default/files/old_reports/246.pdf)

Retrospective analysis of participant enrollment and retention patterns in seventeen home visitation programs supported the contention that the decision to remain in voluntary programs is influenced by multiple participant, provider, and program characteristics (Daro, McCurdy, Falconnier, & Stojanovic, 2003). Although these data did not include many of the psychosocial, attitudinal, and contextual variables included in the theory, analyses supported the belief that certain key provider and programmatic variables influenced both the length of time participants remained enrolled in the program and the total number of home visits they received. Participants in the retrospective sample were more likely to remain enrolled longer and receive a greater number of home visits if they were African American or Hispanic, older, unemployed, enrolled in school (in the case of duration), and offered services during their pregnancy. Participants who had younger or more experienced home visitors remained enrolled longer and received a higher number of home visits. Finally, participants enrolled in a program with lighter case loads, better ratios of family support workers (FSWs), and providers similar to them in race and parenting status had more sustained enrollment and a greater number of home visits.

Although participant characteristics matter, enrollment and retention rates are influenced by home visitor characteristics and program structure. The retrospective study underscored the importance of hiring experienced workers and those capable of establishing and sustaining a relationship with 5 program participants. Manageable caseloads for providers and a welcoming environment for potential participants are also vital. A welcoming environment might be established by building parental support programs into other community agencies and matching providers and participants by race and parenting status.


This review of engagement strategies and behaviors that contribute to positive case outcomes identified several promising tactics. Most notably, this review identified caseworker and agency
behaviors, rather than qualities, as most salient in the engagement of clients in child welfare services. While the qualities of empathy and respect are certainly important in building a working relationship, these qualities are best communicated through clear and concrete behaviors between caseworker and client: setting of mutually satisfactory goals, provision of services that clients find relevant and helpful, focusing on client skills rather than insights, and spending sufficient time with clients to demonstrate skills and provide necessary resources. These tactics, when applied in a supportive and non-punitive manner, will help to engage clients in treatment, and perhaps stem the number of families having to experience the termination of parental rights due to their noncompliance with agency goals.

It is significant to note that the more time workers and clients spend in direct contact, the higher their degree of collaboration. A study of child welfare practice in Canada (Cooper, 2002) found face-to-face contact between child protection workers and families amounted to just 15% of their work time. Workers have also been found to place a higher priority of work with children, court work, and documentation than face time with parents, often relying on phone or letters to communicate (Smith & Donovan, 2003).

In summary, Dawson & Berry (2002) identified the key strategies most significant in engaging families to be:

Setting mutually satisfactory goals

- Providing and immediate response,
- Providing concrete services that clients view as relevant and helpful
- Focusing on client skills rather than insights
- Spending sufficient time with clients to demonstrate skills and provide necessary solutions
- Mutual goal-setting with relevant goals


Retrieved from http://repository.brynmawr.edu/cgi/viewcontent.cgi?article=1000&context=gsswr_pubs

Organizational dynamics also play a role in engagement. This study found that adequate supervision, job clarity, and worker autonomy were associated with higher levels of collaboration with families. Two distinct components of parent participation in intensive family preservation services were identified: collaboration in treatment planning and compliance with program expectations. Using hierarchical linear models, the study explored influences on collaboration and compliance at the case, worker, and program levels. Effects of cross-level interactions were also examined. Parental substance abuse, mental health problems, minority
status, and lack of extended family support predict lower levels of participation. Workers perceptions of their clients and of their own working conditions appear to influence client participation. Program factors matter as well, although some operate in tandem with case characteristics and worker perceptions.


This article outline a conceptual model of parental involvement in family support programs, anchored in ecological and family systems frameworks. After summarizing the current literature, the article proposes that parental decision to enroll and remain in support programs are shaped by a variety of factors at different “levels” of influence: individual characteristics of the parent and family, provider attributes, program characteristics, and neighborhood characteristics. The conclusion discusses the implications of this line of student for research, practice, and policy.

This study identified participant, provider, program, and community traits that play unique but interdependent roles in the continuous cost-benefit analysis that determines whether new parents will seek out, enroll, and remain in voluntary support programs.

This work suggested that:

- A new parent’s intent to enroll in services is primarily a function of the readiness to change,
- Attitude toward seeking help, and prior service experiences.
- Intent to enroll in services is the most influential predictor of initial enrollment.
- Program, retention is influenced by a range of factors, including:

  ↪ *Objective experiences*: Participants will stay in a program longer if services are provided on a regular basis, if they receive incentives (or have concrete needs met), if they have a consistent provider, and if the program delivers what it claims or promises to provide.
  
  ↪ *Subjective experiences*: Participants stay longer if they like their home visitor and feel “connected” to the provider and comfortable in the program.
  
  ↪ *Provider characteristics*: Participants will remain when service providers are competent, well trained, and experienced in presenting the material.
  
  ↪ *Program characteristics*: Programs adhering to best practice standards and demonstrating a respect for local cultural norms and customs will retain a higher proportion of their participants.
Community characteristics: Families living in more chaotic communities may be less likely to access and remain in voluntary support programs for an extended time period.


Study found specific training on engagement techniques increased return rates for clients for the overall proportion of sessions kept. The findings support that when clients are met with sensitivity and skill they are more likely to engage. Another significant finding identified the first phone contact as significant to facilitate second and third appointments.

There is no question that effective engagement is essential in the helping process, yet there appears to be few studies focusing on measures of engagement to evaluate effectiveness. The following studies reflect most current literature on measurements and outcomes of engagement.


Retrieved from [http://repository.brynmawr.edu/cgi/viewcontent.cgi?article=1003&context=gsswr_pubs](http://repository.brynmawr.edu/cgi/viewcontent.cgi?article=1003&context=gsswr_pubs)

Although client participation is central to psychosocial interventions, most investigations conceptualize and measure participation in rather crude ways. This review suggests that essential elements of treatment participation are largely unknown, links between participation and outcomes are not clear, and most investigations of influences on within-treatment variations in participation are based on outdated causal models. Drawing on literature on health and mental health care, this article develops a comprehensive conceptual model of treatment participation. It proposes an agenda for future research aimed at understanding participation phenomena in various contexts.

Authors propose an engagement typology with multiple dimensions including contextual factors, engagement strategies and services that fall into the purview of the CW system, and related treatment services. Engagement strategies serve as a bridging function. Six overlapping engagement strategies derived from relevant research form the core of this framework: 1. Early outreach and responsiveness 2. Practical help, 3. Knowledge skills and efficacy in engaging understanding and navigating complex issues and systems 4. Supportive, respectful and culturally relevant relationships with birthparent peers, foster parent, and SW workers, 5.
Consultation and inclusion in planning, service provision and DM, 6. Administrative practice that supports family-centered services.

More sophisticated conceptualizations and measures of participation are needed, for treatment participation is not a single phenomenon, but a complex set of attitudes and behaviors that vary along several dimensions and can change over time. Two underlying dimensions of client participation (activity level and valence) were identified, but others might be proposed. Further work is needed to identify essential elements of client participation within-and perhaps across-treatment settings.


Yatchmenoff defines and measure engagements as a product in the child welfare context. She defined it as “positive involvement in the helping process” (p. 86) and identified within that construct five factors: receptivity, expectancy, investment, mistrust, and a working relationship. In a study done by Yatchmenoff (2005), an association between client investment in the change process and engagement in services was found to be significant. Fear and mistrust of the caseworker and the child welfare system were found to negatively influence a client’s willingness to change (Yatchmenoff, 2005). The hope with differential response programs is that since paraprofessionals working for community-based organizations do not have the power to remove children, the clients will feel less distrust of the organization and be more receptive to change. However, it is difficult to evaluate the efficacy of paraprofessionals because their backgrounds (education and training) vary so greatly (Conley, 2007). This is certainly an area needing further exploration.

Objective: This study reports on the development and test of a multidimensional measure of client engagement in child welfare services. Method: Five dimensions of engagement were identified and were based on a literature review and data from interviews with child welfare workers and clients. A pool of items generated to reflect these five dimensions was reviewed by a panel of researchers, scholars, and practitioners. Pilot data from the resulting measure were collected from 287 respondents. Participants were primary caregivers who had an open case with child protective services at the point of data collection. Results: Internal consistency reliability and construct validity were examined, and tests of the fit of the data to the hypothesized measurement model were conducted and reported. Results supported the presence of four underlying factors and a single latent variable. Conclusion: The instrument demonstrated good potential for measuring aspects of client engagement.


Research on coercion in addiction treatment typically investigates objective sources of social pressure among legally mandated clients. Little research has examined the impact of clients’ perceptions of social pressures in generalist addiction services. Clients seeking substance abuse treatment (N =300; 221 males and 79 females; M age=36.6 years) rated the extent to which treatment was being sought because of coercive social pressures (external motivation; a =.89), guilt about continued substance abuse (introjected motivation; a =.84), or a personal choice and commitment to the goals of the program (identified motivation; a =.85). External treatment motivation was positively correlated with legal referral, social network pressures to enter treatment, and was inversely related to problem severity. In contrast, identified treatment motivation was positively correlated with self-referral and problem severity, and was inversely related to perceived coercion (psb.05).

Hierarchical multiple regression analyses showed that referral source (i.e., mandated treatment status), legal history, and social network pressures did not predict any of 6 measures of client engagement at the time treatment was sought. However, treatment motivation variables accounted for unique variance in these outcomes when added to each model (DR2s=.06–.23, psb.05). Specifically, identified treatment motivation predicted perceived benefits of reducing substance use, attempts to reduce drinking and drug use, as well as self (and therapist) ratings of interest in the upcoming treatment episode (bs=.18–.31, psb.05). Results suggest that the presence of legal referral and/or social network pressures to quit, cut down, and/or enter treatment does not affect client engagement at treatment entry.


Retrieved from [http://rsw.sagepub.com/content/19/1/63.full.pdf](http://rsw.sagepub.com/content/19/1/63.full.pdf)

This study describes the development of an engagement scale for use with youth in residential treatment centers. Engagement includes attitude about treatment, bond with providers, and participation in treatment activities. Method: Interview data were collected at the midpoint in residence of 130 youth in two centers. Items were selected to capture practitioner’s description of three related concepts in a logic model. The authors conducted confirmatory factor analysis and examined inter-item reliability. Results indicate a single underlying factor, which the authors label engagement, an acceptable level of reliability, and strong content validity. Conclusion: The scale integrates several concepts in the treatment process literature and might serve to assess
youth engagement in residential settings. Additional study should examine construct and construct validity.


Retrieved from [http://cmx.sagepub.com/content/16/1/9.full.pdf](http://cmx.sagepub.com/content/16/1/9.full.pdf)

High rates of program attrition in home-based family support and child maltreatment prevention services are common. Research examining factors related to family engagement (i.e., enrollment and completion rates) may help program developers increase the impact of child abuse prevention services by reducing attrition. The present study examined the relative influence of provider, program, and individual factors from the Integrated Theory of Parent Involvement (ITPI) as well as maternal and family demographic and risk variables in predicting service enrollment and completion in a home-based child maltreatment prevention service (Safe Care) and a standard community care program (Services as Usual [SAU]). Participants were 398 female caregivers of children ages 5 and below.

Support was found for the primary role of program and provider factors in client enrollment and completion of services. Specifically, participants in Safe Care were 4 times more likely to enroll in services and 8.5 times more likely to complete services than those in SAU. Family risk variables including intimate partner psychological aggression, substance abuse, and depression were also significant predictors. Recommended next steps include integration of risk-related factors in the ITPI framework and disentangling specific provider and program factors related to service engagement.


The majority of children in the child welfare system enter because of neglect and come from poor families with high rent burden, substandard housing and risk for homelessness. In this paper, we describe a model program is described for families with dual vulnerability in housing and child welfare. Clients presented with a variety of parenting, substance use and/or mental health issues. The Supportive Housing for Families (SHF) programme prioritizes prompt family access to housing and related supports and operates from an intensive family-centered casework that promotes client engagement as a mechanism for change. The study used a mixed methods approach that included the administration of Alpert and Britner’s Parent Engagement Measure (quantitative) and open-ended interviews (qualitative) with 41 parents involved in the child welfare system. Results indicate high levels of client engagement, with convergence across the
formal measure and interview themes. SHF promoted client engagement through the swift provision of tangible resources, as well as caseworker resourcefulness and responsiveness. The Parent Engagement Measure performed well psychometrically.

Findings from prior research are compared and implications, limitations and future directions are discussed.


This paper reports a study that sought to understand what facilitates engagement between parents and child protection workers and to ascertain the relationship between such engagement and intervention outcome. Quantitative and qualitative data were gathered through personal interviews with 131 worker–parent dyads (workers and corresponding parents receiving service) from 11 child protection agencies in Ontario, Canada. Measures included scales for engagement, parental well-being (depression and stress), and worker well-being (burnout, job satisfaction, stress). Outcome measures included perception of child safety, changed parenting practices and satisfaction.

A relationship was found between workers' perception of parent engagement and parents' perception of their own engagement, as well as between the perceptions that workers and parents had around their own respective engagement. Workers who were satisfied with service outcomes were significantly more engaged than those who were unsatisfied. Parents thinking that their children were safer as a result of intervention were significantly more engaged than parents who thought that their children were less safe. The strongest reason given by parents for positive change was being able to trust their worker (pb.001) and believing that their worker was knowledgeable about parenting (pb.01). Qualitative data suggested that parents valued experienced workers because they thought such workers could better understand their problems and how to deal with them. Correspondingly, workers felt that experience enabled them to better understand clients' problems and provide more effective support. No relationship was found between parent engagement and parental depression or stress, but the mean depression score for parents placed them at risk of clinical depression. There was a negative correlation between worker stress and engagement. The study demonstrates that engagement between clients and workers is related to positive outcomes (as reported by workers and parents) and supports the contention that promoting engagement is integral to a successful child protection intervention.

Retrieved from [http://qsw.sagepub.com/content/11/4/412.full.pdf](http://qsw.sagepub.com/content/11/4/412.full.pdf)

While rates of disengagement from mental health services remain high, the Housing First program has succeeded in engaging those who are hardest-to-reach, people who have experienced long-term homelessness and co-occurring disorders. This study uses ethnographic methods to explore service engagement within Housing First, focusing on how social processes contribute to program effectiveness. Conducting participant observation and interviews, researchers followed 10 clients and 14 case managers from two treatment teams, over the course of a year. The study used symbolic interactionism as its theoretical framework. In data analysis, therefore, the researchers explored meaning-making within social exchanges. The sites and activities of the program provided a context that made it possible for case managers and residents to create shared narratives about residents’ experiences related to housing. The variation of these sites and activities led case managers to permeate many aspects of clients’ lives, playing roles similar to those of friends and family. The quality of the interaction became apparent from how case managers paid attention, listened, and communicated while engaging in these shared activities. This study illustrates that while the structural aspects of Housing First provided the context and opportunities for engagement, the quality of the interaction between the case managers and residents played a key role in engagement.


In many countries, legislation and policy directives increasingly emphasize the rights of parents to participate in child protection decision-making. As these kinds of initiatives have become more widespread, literature has tended to presume that increased participation of parents in child protection practice is both feasible and desirable. However, despite demonstrated benefits of parents’ participation, factors related to the statutory context of child protection work present challenges to translating the ideals of participation into reality.

Findings from in-depth interviews with 28 child and family welfare practitioners indicate that effective parent participation is contingent on a range of parent and system factors. Parent factors include parents' willingness to engage with child welfare authorities, their demonstrated understanding of their children's needs, and their willingness to effect parenting changes in order to meet these needs. System factors relate to the power of the child protection system in relation to parents, and the extent to which workers have time for thorough case planning and for building relationships with parents. These factors are clearly interrelated, with some parent factors themselves contingent on parents' prior experiences of the child protection system.
Practitioner suggestions for counter-balancing contingency factors as a means to facilitating parent participation are included.


**Summary**: Given dismal attendance rates in community-based care for children and families, it is critical that evidence-informed attendance engagement strategies be implemented within community service systems. There is growing research on effective methods for training in evidence-based practices (EBPs), and one method that shows promise is the learning collaborative modeled after the Institute for Healthcare Improvement’s Breakthrough Series Collaborative framework. This study examines implementation outcomes of a learning collaborative based on the Breakthrough Series Collaborative that was conducted to improve attendance engagement in community-based early childhood intervention programs using evidence-informed strategies. A total of 29 providers from four programs within a large regional hospital participated. Qualitative and quantitative data collected prior, during, and at the completion of the 9-month learning collaborative as part of a process evaluation. Data were analyzed to examine the feasibility, acceptability, adoption and fidelity, and planned sustainability of strategies to facilitate attendance engagement as a result of the learning collaborative. Results indicate that: (1) using a learning collaborative implementation method with early intervention providers was feasible; (2) the method was acceptable based on perceived improvements in attendance and a significant increase in attitudes towards EBPs; (3) the method supported successful self-reported adoption and fidelity of engagement strategies; and (4) the method facilitated planned sustainability of practice changes. The learning collaborative can be a useful implementation strategy within early childhood intervention programs to promote the use of EBPs, including enhancing attendance engagement through evidence-informed strategies.


**Summary**: 'Engagement' and 'treatment engagement' are terms that frequently appear in the mental health literature, and are operationalized differently across studies. A clearer understanding and conceptualization of engagement would enhance research and practice. Six focus groups were conducted with community mental health therapists (n = 41) to learn how they define engagement, the barriers to engagement they experience, and the strategies they use to enhance engagement. In some aspects, their definition of engagement was similar to the helping alliance. However, therapists viewed engagement as much more than the relationship; it is a
complex process that is affected by many factors, including agency policies and practices. Suggestions are made to advance the study of how clinical and organizational factors affect engagement.


Retrieved from [http://cmx.sagepub.com/content/17/1/56.full.pdf+html](http://cmx.sagepub.com/content/17/1/56.full.pdf+html)

**Summary:** Home-based programs to treat child abuse and neglect suffer from high rates of attrition, limiting their impact. Thus, research is needed to identify factors related to client engagement. Using data (N = 1,305) from a statewide family preservation program, this study investigated the role of program type (i.e., SafeCare® [SC] vs. Services as Usual [SAU]) and client perceived provider cultural competence on client satisfaction and engagement with services. Families in SC completed more treatment goals than those in SAU. In addition, provider cultural competence and client satisfaction were higher in SC than in SAU. Higher provider cultural competence was associated with higher goal attainment and satisfaction, and these effects partially mediated the service program differences. The effects of service type and cultural competence on goal attainment and satisfaction varied somewhat by client ethnicity. Findings suggest that clients receiving manualized programs for child maltreatment may be more likely to meet their goals and may perceive such programs to be culturally appropriate and satisfactory.


**Background:** This article proposes a conceptual model of child and parent engagement in the mental health intervention process. Method: A scoping review was performed of articles on predictors of engagement in mental health interventions, the effectiveness of engagement interventions, and interpersonal aspects of care. A comprehensive search of PsycINFO and PsycARTICLES was performed for literature published in English from 2000 to 2012. Results: Based on the review, a motivational framework is proposed in which engagement is defined as a state comprised of a hopeful stance, conviction, and confidence, brought about when therapists optimize engagement processes of receptiveness, willingness, and self-efficacy. Conclusions: Implications concern the need to help clients understand what to expect.

Parents frequently do not engage in child welfare services. A lack of engagement can lead to significant negative consequences for families. A relationship between psychological reactance and engagement in the context of child welfare work has been theorized but not examined empirically. This paper presents the results of a preliminary descriptive study (N = 43) which found a significant negative relationship (r = -0.277, P < 0.05) between individual reactance levels and levels of engagement in child welfare services. A four-dimension measure of engagement was used. Significant relationships were found between reactance and the dimensions of working relationship (r = -0.260, P < -0.05) and mistrust (r = 0.340, P < 0.05) and a similar trend was seen with a third dimension, receptivity (r = -0.245, P = 0.056). There was no significant relationship between reactance and the fourth dimension, buy-in. The implications of these findings for child welfare work are explored.

Retrieved from http://rsw.sagepub.com/content/18/6/555.full.pdf+html

This article reports the results of a mixed-method study that examined processes and outcomes of parent-worker engagement in child welfare. Knowledge gained from a qualitative exploration of engagement at one neighborhood-based child welfare agency informed the gathering of quantitative data from 74 different parent-worker dyads in this sequential exploratory design. Seven themes instrumental to engagement emerged: (a) clear, collaborative goal setting; (b) hopefulness; (c) parent acknowledgment of their situations; (d) motivation; (e) respect for cultural differences; (f) honest and straightforward communication; and (g) persistent and timely efforts by all. Quantitative analyses yielded little relationship between engagement and either visitation rate or case disposition by 9 months post placement. Although these data provide support for the clinical benefits of working to improve parent-worker engagement in child welfare services, they fail to provide evidence of a relationship between engagement and improved case outcomes.


The few studies that have focused on measures of engagement are also limited in scope focusing on only one or two variables, resulting in incomplete conclusions about why a family may choose to stay in or drop out of services Most studies of engagement typically focus on one or two levels of participation (participants and providers), making it difficult to attribute cause for
engagement to any particular variable without looking at the impact that the variables have when nested within each other (Daro, McCurdy, Falconnier, & Stojanovic, 2003). In a study of voluntary participation for a particular child welfare program, Daro et al. used the actual length of time a participant was enrolled in services and the number of completed home visits to measure participant retention. These values were then used in the Hierarchical Linear Model to look at variables as they relate to each other in nested form, instead of as isolated variables.

**OBJECTIVES:**

As prevention efforts have adopted more intensive service models, concerns over initial enrollment and retention rates have become more salient. This study examines the participant, provider and program factors that contribute to a longer length of stay and greater number of home visits for new parents enrolling in one national home visitation program.

**METHODS:**

Retrospective data were collected on a random sample of 816 participants served by one of 17 Healthy Families America (HFA) program sites around the country. Using case record reviews, research staff documented each participant's characteristics and service experiences. To capture relevant staff and program information, research staff collected basic descriptive information from published documents and interviews with program managers. All home visitors who had contact with sample families also completed a self-assessment instrument regarding personal and professional characteristics. Hierarchical linear modeling allowed us to examine the unique role of participant, provider and program characteristics while recognizing the lack of independence among these three sets of variables.

**RESULTS:**

The combined provider and program levels in the HLM model accounted for one-third of the variance in service duration and one-quarter of the variance in the number of home visits. Older participants, those unemployed, and those who enrolled in the program early in their pregnancy were more likely to remain in services longer and to complete a greater number of home visits. Compared to White participants, African Americans and Hispanics were significantly more likely to remain in services longer and, in the case of African Americans, to receive a greater number of home visits. Participants who were enrolled in school were more likely to remain in services longer. Age was the only consistent provider characteristic associated with positive results in both models, with younger home visitors performing better. Prior experience showed a significant relationship only in the service dosage model and African American workers demonstrated greater success than White home visitors did in retaining families in service. At the program level, programs with lower caseloads and greater success in matching their participants and providers on parenting status and race/ethnicity were significantly more likely to demonstrate stronger enrollment patterns.
Bibliography


McKay, Nudelman, Mccadam & Gonzales (1996) Evaluating a SW Engagement Approach to Involving Inner-City children and Their Families in MH Care


Wild, Cunningham & Ryan (2006) Client Engagement at Treatment Entry
