QUARTER 3
PIP 2.1.1

Nevada Partnership for Training
Nevada Program Improvement Plan Response to 2.1.1
"Review of best practices and develop guidelines for engaging parents in team meetings"

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Literature Review Table of Contents

Engagement

Engagement is an essential action in developing a professional helping relationship with any client and a primary aspect of serving families involved in the child welfare system. Engagement is the first step of generalist social work practice and there are many definitions of engagement. Prinz and Miller (1996) define engagement as "the participation necessary to obtain optimal benefits from an intervention" (p. 163). Kirst-Ashman and Hull (2006) define engagement as "the initial period where a practitioner orients themselves to the problem at hand and begins to establish communication and a relationship with others while addressing the problem" (p. 29). Yatchmenoff (2005) integrates and summarizes various examples of engagement with the following definition, "The term *engagement* refers to the early phase of work with clients, whether the emphasis is on forming a relationship, establishing goals, developing trust, or some other aspect of the front end of the helping process." Engagement involves a professional's overall demeanor and ability to convey empathy, respect, and genuineness. The engagement of families in the child welfare process has been found to be a key element in client satisfaction, as well as positive outcomes for families (Dawson & Berry, 2002; Johnson, 1988; Tillbury & Osmond, 2006). The child welfare system is reliant on engagement, for, without it, there is little likelihood that families will want to work with the system.

By joining with and engaging families, workers will be more likely to develop case plans that reflect families' strengths (DePanfilis & Salus, 2003). The incorporation of the family engagement approach is a necessary component for any core child welfare training program, especially in light of the fact that so many workers struggle with the concept of joining with parents, who are the very same people who have created conditions which have resulted in harm/injury to their children. When a caseworker appears unannounced at a family's home to investigate child maltreatment, feelings of "anxiety, discomfort, guilt, shame defensiveness, as well as anger, resentment, and opposition" are likely to be aroused (Kadushin & Martin, 1988, p. 254). Successful engagement is crucial in developing rapport with families in the child welfare system and overcoming initial resistance. Engagement is founded on open and honest communication in a manner that supports disclosure of culture, family dynamics, and personal experiences in order to meet family needs. 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). Children and families are more likely to benefit from a child welfare intervention when a caseworker engages them appropriately.

Key skills of engagement include developing positive and trusting relationships, listening to families and recognizing strengths and needs, understanding the role of the family's culture and facilitating the creation of a child and family team for the purposes of team decision making to include the child and family in the decision making process (Nevada

NWC 2011). Nevada's New Worker Core (NWC) training emphasizes engagement throughout the curriculum. Engagement is introduced during the first module and addresses the professional helping relationship, core helping conditions (genuineness, empathy, and respect), and the management of authority in the helping relationship. While it is indeed important to provide new child welfare workers with a strong foundation in family engagement, the strengths perspective, and the empowerment approach to working with families, it is also incumbent upon agencies to ensure that these essential skills that new workers learn in Core are then accepted, supported, and nurtured once they leave the training unit and enter the "real world" of child welfare practice. This poses a challenge in situations where existing staff may not embrace the same philosophies around family engagement, strengths and empowerment as are demonstrated in Core training, and speaks to the importance of ensuring that new staff and existing staff have equal access to learning opportunities around these essential casework practice strategies. As Charles Glisson (2002), a pre-eminent researcher on child welfare workforce and organizational issues stated, "an organization's culture, climate, structure, and domain are important because they create social context that invites or rejects innovation, complements or inhibits the activities required for success, and sustains or alters the adherence to protocols that compose the organization's core technology" (p.234). Thus, in order to sustain training concepts in the field, agencies must engender cultures and climates which support these concepts from the top down.

Challenges of Engagement

Child welfare practice is complex and the dynamics that make many families vulnerable to child welfare involvement often threaten their engagement in services (Little &Tajima, 2000). For example many families in the child welfare system experience co-occurring family problems including substance abuse, mental health issues, domestic violence, developmental delays, pending legal issues or criminal investigations, probation or parole, and poverty. Many of these factors not only complicate interventions but may also create a paradox for families. For instance, it can be difficult for a child welfare caseworker to engage a family to develop a case plan if the parents have a pending criminal case (possibly felony child abuse or neglect). These families often receive legal advice not to discuss details of their case with the child welfare worker to prevent the revealing of potential evidence for criminal matters. Studies have shown that substance abuse, mental illness, and interpersonal violence can also derail parents' engagement in child welfare services (Littell, Alexander, & Reynolds, 2001). Kemp, et al.. (2009) have identified several salient family factors that can deter engagement: multiple interlocking service needs; loss, stigma, blame and marginality; cultural factors; and client status.

Multiple, Interlocking Service Needs

The presence of multiple, interlocking service needs illustrates the challenge of many of the co-occurring family problems that exist for families in the child welfare system.

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However, many parents indicate that their most pressing needs are overlooked or are inadequately addressed by child welfare workers (Altman, 2005; Yatchmenoff, 2005).

Loss, Stigma, Blame and Marginality

Parents receiving child welfare services often experience loss, stigma, blame and marginality which may manifest in them expressing a range of emotions from guilt, fear, passivity, anger or outrage. These experiences and emotions can contribute to the likelihood of alienation of parents from treatment systems and can contribute to their resistance to engaging with child welfare workers (Anderson, 2006). Studies have also shown that past negative experiences with services can impede later attempts of engagement.

Cultural Factors

Child welfare workers serve many clients with diverse cultures. Hill (2006) asserts that cultural mistrust and cultural differences are the starting point for many, if not the majority, of interactions between families and the child welfare system. Immigrant families and non-English speaking families face additional challenges in understanding the U.S. child welfare system and often have to communicate through a translator. Some undocumented families may fear deportation if receiving government based interventions. Caseworkers might not be aware of how the implications of the parents' immigration status could be impacted by child welfare involvement. Some family cultures do not value government assistance or service intervention. Regardless of family ethnicity, many family cultures value privacy and experience the child welfare process to be foreign and invasive.

Client status

There is an inherent status difference between families and child welfare caseworkers. Caseworkers must balance their helping skills with their legal authority to effectively engage families. Parents must deal with the dilemma that the information they disclose to caseworkers could ultimately be used to create a case for removing their child(ren) from them. Parents also face challenges with navigating the complex services and systems child welfare involvement entails. Parents have reported that their perspectives and views are not integrated in service planning or delivery, even after efforts have been made to increase their parental involvement (Dumbrill, 2006).

Altman (2008) conducted a mixed-method study of caseworkers' and parents' differing views of "engagement." Parents in this study felt that the ability of the caseworker to offer reassurance, affirmation, and to be honest and direct with them were important to the engagement process. Parents also felt that workers who were empathetic, reliable, and supportive helped them to engage in services. Parents reported that they rely on their caseworkers to be kind and respectful, but at the same time even harsh, firm and unyielding when necessary. However, caseworkers shared that it was difficult to be honest and straightforward with clients. One worker expressed a fear of his/her own

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personal biases impacting their ability to confront a client. Workers also explained that parents who fail to demonstrate compliance with service activities are likely to be labeled "resistant". Some workers felt that a client must be compliant in order to have true engagement. While this study did have a limited sample size the themes that came forward regarding engagement are universal in child welfare practice.

How to Engage Families in the Child Welfare System

Research underscores the crucial role caseworker interaction plays in engaging families, particularly through the development of a supportive and trusting relationship (Dawson & Berry, 2002; Yatchmenoff, 2005). Elements that foster such a relationship and support family engagement practices include (retrieved 5/4/11 from http://www.childwelfare.gov/pubs/f_fam_engagement/f_fam_engagement.pdf):

- Clear, honest, and respectful communication with families, which helps set a foundation for building trust

- Commitment to family-centered practice and its underlying philosophy and values

- Sufficient frequency and length of contact with families and their identified formal and informal supports

- A strengths-based approach that recognizes and reinforces families' capabilities and not just their needs and problems upon goals and plans reflecting both the caseworker's professional training and the family's knowledge of their own situation

- Broad-based involvement by both parents, extended family members, informal networks, and community representatives who create a web of support that promotes safety, increases permanency options, and provides links to needed services

- Understanding of the role of confidentiality and how to involve partners in case planning in a manner which is respectful of the family, but which also enables partners to plan realistically to protect the child and work toward permanency

- Recognition of foster and adoptive parents as resources not only for the children in their care, but for the entire birth family

- Individualized service plans that go beyond traditional preset service packages (e.g., parenting classes and counseling) and respond to both parents' identified needs, specific circumstances, and available supports

- Concrete services that meet immediate needs for food, housing, child care, transportation, and other costs, and help communicate to families a sincere desire to help

- Praise and recognition of parents who are making life changes that result in safe and permanent living situations for their children (including reunification, adoption, kinship placement, or guardianship).

State child welfare agencies have integrated various strategies for engaging families at case, peer, and systems levels, frequently adapting existing models to meet their own needs. These family engagement strategies include (http://www.childwelfare.gov/pubs/f_fam_engagement/f_fam_engagement.pdf):

- Frequent and substantive caseworker visits. Workers must have frequent and meaningful contact with families in order to engage them in the work that needs to be done to protect children, promote permanency, and ensure child well-being. States where caseworkers have regular and well-focused visits with the child and parent have demonstrated improved permanency and well-being outcomes in the CFSRs. Frequent visits with parents also are positively associated with better client-worker relationships; better outcomes in discipline and emotional care of children; timely establishment of permanency goals; timely filing for termination of parental rights; and reunification, guardianship, or permanent placement with relatives.

- Family group decision-making (FGDM) is an effective and increasingly popular case-level strategy for engagement in the United States and around the world. FGDM is an umbrella term for various processes in which families are brought together with agency personnel and other interested parties to make decisions about and develop plans for the care of their children and needed services. FGDM strategies differ in meeting format, the stage during case meetings when they are held, the extent of family preparation, the extent of family privacy time, and other characteristics.

- Motivational interviewing is a directive counseling method for enhancing intrinsic motivation and promoting behavior change by helping families explore and resolve ambivalence. This technique, which relies heavily on listening reflectively and asking directive questions, has shown positive results in working with child welfare populations with substance abuse issues.

- Collaborative strategies emphasize working in partnership with families in a strength-based way to support achievement of case goals and objectives. Examples include Collaborative Helping can be achieved by involving them in case planning and checking in with them during visits about their understanding of and progress toward the plan. Involvement of the family in case planning is correlated with greater engagement of noncustodial and incarcerated parents, family-centered/strength-based approaches, and stronger rapport between workers and families.

- Father involvement recognizes the importance of fathers to the healthy development of children. Agencies are increasingly reaching out to fathers and

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working to enhance their positive involvement with their children. Fatherhood programs vary greatly. Some are outreach efforts to include fathers in assessment and case planning processes; others help fathers address stressors or behaviors that affect their ability to support their children.

- Family search and engagement encourages broad-based participation in family decision-making to leverage kinship connections and increase placement/permanency options.

- Mediation adopted by many agencies and courts, allows agency representatives and families to work with a neutral facilitator to arrive at a mutually acceptable plan.

- Parent Partner Programs engage parents who were once involved with the child welfare system to serve as mentors to currently involved parents, providing support, advocacy, and help navigating the system. Parent Partner Programs also use the birth parent experience to influence changes in policy and protocol, encourage shared decision-making, strengthen individualized plans, and educate the community.

- Foster family-birth family meetings encourage birth families and foster families to share information, help model parenting skills, and support participation of foster families in placement conferences that contribute to reunification efforts.

- Parent and youth involvement in agency councils and boards is a proactive way for State and county agencies to gather and use parent and youth input in program and policy development, service design, and program evaluation.

Kemp, et al.. (2009) has identified six overlapping engagement strategies that have surfaced from child welfare research and practice: (1)early outreach and responsiveness to parents' identified needs and priorities; (2)practical help; (3) knowledge, skills, and efficacy in engaging, understanding, and navigating complex issues and systems; (4)supportive, respectful, culturally relevant, and available relationships with birth parent peers, foster parents and child welfare workers; (5) consultation and inclusion in planning, decision making, and service provision; (6) policy organizational, and administrative practice that supports inclusive, family-centered and culturally responsive practice.

Early Outreach and Responsiveness to Parents' Identified Needs and Priorities

A common social work practice value is "start wherever the client is." Child welfare caseworkers have demanding jobs that require great skill in the management of time and multiple competing priorities. Despite the demands of a caseload, caseworkers can treat every client like that client is the most important client at the time of each individual interaction. Initial contacts are critically important in building a helping relationship between clients and child welfare agencies. Alexander and Dore (1999) emphasized the importance of initial contacts with parents as "a series of windows of opportunity,

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decreasing in size with each session" (p. 263). "Starting where the client is" by identifying and responding to family needs improves safety, permanency and well-being for children.

Practical Help

A caseworker's ability to provide timely, reliable attention to clients' practical needs is the gateway to engagement (Dawson & Berry, 2002). In a study involving foster care, birth parents talked about how their life circumstances created a need for assistance from caseworkers with transportation and appointment scheduling (Jivanjee, 1999). Some caseworkers may perceive some instances of practical help like transportation assistance as being active efforts beyond reasonable efforts. While dwindling budgets and limited resources are a reality for child welfare agencies, perhaps an argument can be made that the facilitation of more initial practical help for parents might reduce overall agency costs of long term foster care.

Parent Education and Empowerment

During the engagement process it is important that parents are informed of their legal rights and educated about their roles and responsibilities as parents. The Nevada Initial Assessment Statewide policy (2007) requires caseworkers to give parents that are subject to an investigation of maltreatment a copy of the *Parent's Guide to Child Protective Services.*

The Parent Empowerment and Engagement Family Advocacy Project (PEP) is a promising model for engaging families in the child welfare system (Jensen & Hoagwood, 2008; Rodriguez, Burton, Crowe, Ramos, Olin, Mehta, Radigan, & Hoagwood, in press). This model was created for advocates and caregivers of youth with mental health disorders. The training focuses on creating alliances between caregivers and professionals via a 40 hour training program proceeded by six months of on-going training and support (Kemp, et al., 2009).

Empowering parents also includes supporting them to be able to make changes when necessary to achieve safety, permanency, and well-being for their children. There are several change models that can be utilized to engage parents. Motivational Interviewing is an evidence based practice that provides a good model for engaging families in the child welfare system. Motivational interviewing has been found to be an effective form of engagement for both teens and adults. Following is a listing of some of the practice areas where motivational interviewing has been found to be effective: substance abuse issues, gambling problems, probation compliance, HIV risk reduction, psychiatric patients, health and medical issues (Wahab, 2005). Motivational interviewing is grounded in the transtheoretical model of change which conceptualizes the following stages a person goes through when changing behavior: precontemplation, contemplation, preparation, action, maintenance, and relapse (Prochaska and Diclemente, 1982). While motivational interviewing is used by many clinicians, it

encompasses a skill set that can be used for engagement and interviewing by any child welfare worker. Motivational interviewing can be used by child welfare caseworkers because many of its principles are based on traditional social work values such as client self-determination, respect, dignity, and empowerment (Hohman, 1998).

Research shows that substance abuse is one of the leading contributing factors to child maltreatment and that substance abusing parents tend to be particularly problematic for child welfare workers. Traditionally many substance abuse counselors are trained in a model of intervention that includes direct confrontation to break down a client's denial of addiction. Many social workers practice direct confrontation as well. However, research has found that often this type of confrontation does not help the client but rather tends to increase denial and resistance (Miller 1995). Studies have demonstrated that Motivational interviewing is an effective intervention for substance abuse and other issues present in families. Therefore, child welfare workers can benefit the families with which they work if they are provided training to improve their skills at motivational interviewing.

Nevada NWC also has a change model for working with families in the child welfare system. This change model looks at how needs drive behavior, and in order to bring about change, parents who are not providing good care for their children must find more functional ways of meeting their needs. The model has 5 elements of change that must be present in order for a person to change their behavior. These elements are present discomfort, preferred alternative future, emotional security, self-efficacy, and internalization of responsibility. Child welfare workers can more effectively engage and empower parents with specialized training in working with clients to bring about change through a strengths based approach.

Supportive Relationships with Peers, Foster Parents and Workers

The Child and Family Team Model provides practice guidelines on creating supportive relationships with birth parents and their family, foster parents, agency workers, service providers and other child welfare stakeholders. This model is employed through the Nevada Statewide Case Planning Policy (2010). There are other initiatives and resources in Nevada to help foster supportive relationships for the child and family team. Child welfare workers often seek to coordinate peer relationships for birth parents. While there is limited research in this area, preliminary studies have provided positive feedback about the benefits of both foster and other informal peers being mentors for birth parents (Kemp, et al., 2009). One initiative recently integrated into practice in Washoe County is the *Icebreaker Activity*. This activity provides an opportunity for birth parents to meet foster parents near the time of the birth parents first visitation with their child(ren) since their placement in foster care. This practice is geared toward creating a supportive and mentoring relationship between foster parents and birth parents, and allowing birth parents to communicate their parenting experience and needs of their children directly to foster parents. Nevada P.E.P (Parents

Encouraging Parents, Professionals Empowering Parents, and Parents Educating Professionals) is a local resource that can provide peer relations to parents involved in child welfare. Some families can also be appointed "Mentor Moms" through the Washoe County Family Court. Mentor Moms are parents who have had their children placed into protective custody and later successfully reunified with their child(ren). Mentor Moms provide real life experience in the child welfare system to assist parents who are currently involved in completing their case plan for reunification. Sierra Association of Foster Parents (SAFF) is a resource in Northern Nevada for foster parents. Following is the mission statement for SAFF:

> "By providing easy access to services and support for all foster parents, we will improve the lives of the children we seek to serve. Through our ongoing educational support programs, mentoring programs, arts and athletic programs, we will open doors, create opportunities and provide a special place where these children will not just survive their difficult circumstances but grow and flourish (http://www.saffnn.org, retrieved 5/3/2011)".

Collaboration and Partnership

Successful parent-child welfare relationships rely upon collaborative treatment planning (Dawson & Berry, 2002). Nevada child welfare policy incorporates a child centered, family focused, and strengths based approach to working with families. Nevada child welfare practice also encompasses the Systems of Care (SOC) perspective to guide collaboration with families and child welfare stakeholders in the community (Nevada NWC 2011). The SOC perspective focuses engaging families in strengths based collaborative process, and teaming with service providers to provide individualized interventions for families based on their specific needs. The SOC perspective also views families as experts and empowers families as much as possible to determine the services and interventions from which they believe they can benefit. A study of worker-client dyads (De Boer & Coady, 2007) expanded these core characteristics of collaboration and partnership to include (a) "soft, mindful, and judicious use of power," including attention to stigma, normalization of negative affect and anxiety, honest, clear communication about reasons for agency involvement, active communication of respect, a willingness to listen to the client's story, efforts to ensure clients have accurate information and understand it, exploration of reasons for client behaviors, and follow through on commitments and tasks; and (b) a humanistic attitude and flexible professional style, including efforts to reduce professional distance, being real, getting to know clients and their life circumstances, and going the extra mile. These findings are consistent with other research and congruent to the philosophy and values instructed in Nevada NWC. Often case workers find it challenging to achieve this balance, though. In a study of initial interviews with simulated CPS clients, Forrester, Kershaw, Moss, and Hughes (2008) found that a startling number of caseworkers relied on closed questions to structure their interviews, resulting in interactions that in tone were largely interrogative and directive. The authors also found important differences in

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interview quality depending on the workers' ability to balance the exploration of safety concerns with empathic listening.

Inclusive, Family-Centered Organizational Cultures

Best practice processes for engagement need to be supported and demonstrated by the leaders in child welfare agencies in order to fortify a positive organizational culture. Glisson, Dukes, and Green (2006) have demonstrated that organizational climates can be improved through the implementation of team support models (called ARC for *availability, responsivity,* and *continuity*) which strengthen constructive social problem solving. Policies that promote these organizational and system change efforts can lead to improved child welfare outcomes. The creation of organizational standards for parent engagement and training these standards to new workers is an important responsibility for child welfare agencies (Barth, Landsverk, Chamberlain, Reid, Bolls, Hurlburt, Farmer, James, McCabe, & Kohl, 2005). Although shifts in organizational culture are needed at all levels, improving organizational culture often lies in the realm of middle management and supervisory levels given the limited experience of many frontline child welfare workers (Kemp, et al. 2009). Middle management can provide leadership by example for front line workers in terms of demonstrating effective engagement and emulating inclusive, family-centered practice.

Research and state experiences have determined other key systemic elements of child welfare organizations that contribute to more meaningful engagement with families including (retrieved 5/4/11 from http://www.childwelfare.gov/pubs/f_fam_engagement/f_fam_engagement.pdf):

- agency leadership that demonstrates a strong commitment to family-centered practice;
- organizational culture that models desired communication;
- system changed initiative and PIP plans that focus on engagement;
- policy and standards that clearly define strategies for family and youth involvement;
- trained supervisors that explain, model, and provide feedback regarding polices that relate to engagement;
- manageable caseloads;
- planned roles for planning and facilitation of decision making meetings;
- skillful facilitation of decision making meetings by experts;
- availability and accessibility of diverse services; identification of service gaps and plans to address these gaps;
- training and coaching for workers and supervisors on how to engage families;
- systematic documentation of family engagement;
- individualized performance review systems that reward workers for effective engagement;

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- quality assurance and case review efforts that monitor engagement;
- external assistance in the form of training, consultation and technical expertise;
- and monitoring of family engagement activities that are part of case planning

Engaging Children for Permanency

The literature abounds with information on how to engage and interview families in the child welfare system. There is also an abundance of best practice approaches for interviewing children during the course of investigating maltreatment. However, the literature and child welfare practice in general is remiss in providing guidance in how to prepare and explain permanency to children in the child welfare system. Explaining the process of placing a child in foster care, adoption, reunification and other permanency options pose a challenge to child welfare workers. In 2002 a survey of 32 states found that only 5 of these states had developed an initiative to prepare children for permanency (Henry, 2005). There is no standard approach or consistent guideline for child welfare workers on how to explain and prepare children for permanency. According to Henry (2005), the 3–5–7 Model is practice that weaves together three components through a variety of activities that will assist the child in making a successful permanency transition as he/she reconciles the separations and trauma of his/her life. These components are:
- Completing three tasks (CIA): clarification, integration, actualization
- Answering five questions:
  - Who am I?
  - What happened to me?
  - Where am I going?
  - How will I get there?
  - When will I know I belong?
- Implementing seven critical elements: engage the child in the process; listen to the child's words; when you speak, tell the truth; validate the child and the child's life story; create a safe space for the child as he/she does this work; it is never too late to go back in time; pain is part of the process.

In 2003, the Pennsylvania Department of Public Welfare's Office of Children and Youth adopted the 3-5-7 Model as the basis for preparing children in the child welfare agency for permanency. The 3-5-7 Model has also been integrated into practice in Arizona, Wisconsin, New Hampshire, and California.

State and County Examples of Family Engagement Strategies

State and county agencies throughout the country are at various stages of improving family engagement through the implementation of various initiatives. Following is a list of state and county initiatives to improve engagement that were identified by the Child

Welfare Information gateway (retrieved 5/4/11 from http://www.childwelfare.gov/pubs/f_fam_engagement/f_fam_engagement.pdf):

Contra Costa County, California: Parent Partners Program

In Contra Costa County, parents who have experienced child removal, child welfare services, and reunification are trained as parent advocates mentoring and supporting other parents new to the child welfare system. Parent Partners help other parents navigate the child welfare system and access services with the goal of moving families toward reunification.

The Parent Partners Program was implemented as part of Contra Costa County's Child Welfare Systems of Care grant (www.childwelfare.gov/management/reform/soc/communicate/initiative). The County hired two full-time Parent Partners as contract staff and additional part-time Partners on an hourly contract basis. When feasible, Parent Partners were trained alongside child welfare staff.

While each partnership varies with the circumstances of the families involved, Parent Partners generally:

- Share their own stories and experiences and offer encouragement and hope Provide information on the child welfare system in everyday language and help parents understand their rights and responsibilities
- Coach families on how to act appropriately in court and at meetings
- Connect parents with formal and informal community resources and services
- Attend court hearings and team decision meetings, as requested by parents
- Provide ongoing emotional support, often during nights, weekends, and holidays

Arizona Families First Initiative

Research and experience repeatedly indicate that parental substance use disorders and child maltreatment are highly correlated and affect all family members. The challenges of providing services to parents with substance use disorders are well-established, and the need for peers is becoming more recognized. Two program models have been implemented in the state of Arizona, the Substance Exposed Newborn Safe Environment (S.E.N.S.E.) and the Parent to Parent Recovery program. The S.E.N.S.E. and Parent to Parent Recovery programs provide family-centered services and work to remove the barriers to treatment and recovery, including prejudice and beliefs about parents with substance use disorders in the child welfare system. Research on the Parent Partners Program suggests that the parents' common experiences help inspire trust and hope, which in turn promotes engagement and may facilitate the change process. Findings from a process study reflected positive responses about the benefits of the program from parents, Parent Partners, and social workers. Moreover, preliminary results of an outcome study revealed that reunification may be more likely for children whose parents were served by Parent Partners (Blackburn-Love S., & McGinty, K., 2011)

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Iowa: Family Engagement Tools and Programs

The State of Iowa champions engagement as the "primary door through which we help families change" (Munson & Freundlich, 2008). Iowa strives to engage the family in case planning, case management, and case closure processes. The State's commitment to family engagement efforts is reflected in and enabled by:

- The State's child welfare practice model (www.dhs.state.ia.us/docs/IOWA_CW_Model_of_Practice.pdf). One of its four guiding principles states: "We listen to and address the needs of our customers in a respectful and responsive manner that builds upon their strengths." Specific standards of frontline practice specify: "The child and the child's parents are actively engaged and involved in case planning activities."
- Regularly held family team meetings. These are used to assist the family network in building a common understanding of what is pertinent to the case and in developing a plan that will protect the child and help the family change.
- A published set of practice standards (www.dhs.state.ia.us/cppc/docs/DHSfamilyteamstandards05.doc) for family team decision-making. The standards present values and beliefs that support family teams and are intended to guide daily practice; they also include indicators of effectiveness.
- An online toolkit (www.dhs.state.ia.us/cppc/family_team) that offers resources, checklists, and handouts for planning, preparing for, and following up after family team meetings.
- An evaluation handbook (www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/For ms/Comm283.pdf) for family team decision-making that provides policies, guidance, and assessment support.
- Parent Partner Program (www.dhs.state.ia.us/cppc/Parent_Partner_Program) that trains, coaches, and supports parents who have been safely reunified with their children to serve as mentors for parents currently involved with child protective services. In addition to working one-on-one with other families, Parent Partners are involved with policy, program, and curriculum development in collaboration with child welfare staff. As a result, the experiences and insights of Parent Partners have been integrated into birth parent orientation and support groups, foster and adoptive parent recruitment and training, new child welfare worker orientation, local and statewide steering committees and conferences, and community partnership participation.
- Parent and youth involvement on advisory councils that is tracked annually (www.dhs.state.ia.us/cppc/service_reviews). Online surveys and toolkits support the recruitment and retention of advisory council representatives

New Mexico: Foster Parent and Birth Parent Icebreaker Meetings

Among New Mexico's family engagement efforts is an innovative child welfare practice of using "icebreaker" meetings to bring together foster parents and birth parents. The meetings promote information sharing about a foster child and are intended to encourage easier adjustments for the children in care, as well as for the parents.

Across the State, the icebreaker meetings are held soon after a child's placement, ideally within 2 days. Discussions are focused on the child. Birth parents share information that will assist the foster parent in caring for the child, for example, their likes and dislikes, bedtime routines, and favorite pastimes. The foster parents, in turn, offer information about the child's new environment and daily activities in the foster home. The meetings are facilitated, generally by a trained former foster or adoptive parent, who ensures that the discussions remain focused on the child's needs. In some cases, there may be additional facilitated meetings and contacts.

In addition to making it easier for the child to adjust, the meetings help the foster and birth parents recognize their common concern for the child. As a result, the foundation for a respectful relationship can be formed.

North Carolina: Multiple Response System

North Carolina's Multiple Response System (MRS) is an effort to reform the entire continuum of child welfare throughout the State, from intake through placement and permanency services. The reform is based on the application of family-centered principles of partnership through seven strategies:

- Collaboration between Work First (Temporary Assistance for Needy Families) and child welfare supports can prevent the involvement of child protective services (CPS) and helps prevent recidivism by providing financial, employment, and community services to families.
- A strengths-based structured intake focuses on family strengths as well as needs.
- A choice of two responses to reports of child abuse, neglect, or dependency protects the immediate safety of children in the most severe cases while engaging some families in services that could enable them to better parent their children.
- Coordination between law enforcement and CPS ensures that those who harm children are held accountable while minimizing the number of interviews children experience, thereby reducing re-traumatization.
- A redesign of in-home family services allows caseworkers to engage families in the planning process and provide the most intensive services to families with the greatest needs.
- Child and family team meetings during in-home services acknowledge the birth family to be experts on their own situation and encourage the support and buy-in

of parents, extended family, and community in the planning and assessment process.

- Shared parenting meetings during the first • 7 days of out-of-home placement keep the birth family actively involved in their role as parents and cultivate a nurturing relationship between the birth parents and foster parents.

A report to North Carolina's General Assembly in June 2006 found that families in counties implementing the MRS reform were receiving needed services more quickly. There was no evidence that children's safety was negatively affected by the reforms (Center for Child and Family Policy, 2006).

Virginia: Birth, Foster, and Adoptive Family Relationships

Northern Virginia's Bridging the Gap program is a self-driven collaboration of public and private child-placing agencies with a unified vision for child welfare practice. Bridging the Gap refers to the process of building and maintaining relationships and communication between birth and foster families involved in a youth's life, with the goal of supporting family reunification or another permanency plan. The bridging process is sometimes extended to other families involved in the child's life, such as extended birth family, relative caregivers, and adoptive parents.

Facilitated icebreaker meetings held within 7 days of placement provide an opportunity for birth parents and foster parents to meet and share information about the child's needs. Plans for ongoing communication and contact between the families are individualized, and may include opportunities for the foster family to support, help, teach, and/or participate with the birth family in a variety of ways.

Although Bridging the Gap is not a new strategy, the cooperative effort in Northern Virginia seeks to standardize this process as part of foster care practice.

Engaging Families in Team Meetings

History of Team Meetings in Child Welfare

Family Group Decision Making entered the child welfare system in New Zealand in 1989 after protests by indigenous people against the European-based child welfare system (Hudson, Morris, Maxwell, & Galaway, 1996). According to the New Zealand model, decision making meetings have three stages (Walton, et al.. 2003). First, they begin with a formal gathering of kin, child welfare authorities and professional service providers during which a detailed report on a maltreated child's circumstances is presented to all attendees. Second, acknowledging that family members are very likely to differ in their views about the factors facing the family situation, the child welfare systems asks the family to come together during 'private time' to develop a unified comprehensive plan for the child's care (Merkel-Holguin 2000; Pennell 2004). During private time, family members are able to speak honestly, and address differences and find common ground outside the presence of social workers and the government. Third, the plan is reviewed by the family and the child welfare agency, and objectives and action steps for achieving the case plan are identified (Lupton 1998). The New Zealand approach to FGDM has become both a 'gold standard' (Adams & Chandler 2004) and 'best practice model' (Gill, et al.. 2003).

In the last 20 years, Family Group Decision Making (FGDM) has spread across the world and child welfare systems in Europe, Australia, Canada and the United Sates are increasingly including FGDM in their child protection practice (Raucktis, et al. 2009). The appeal of FDGM lies in the value and belief that children do better when they are connected to their families, and that families can be empowered to work in partnership with child welfare agencies (Brown, 2003; Merkel-Holguin, 2001). However, in the United States, FGDM has not become as widespread as expected given its commonalities with social work values and strengths based practice. A study of racial comparison using data from the National Study of Child and Adolescent Well-Being (NSCAW) found that 10% of the African-American and 9% of the White children who were investigated received FGDM (McCrae & Fusco, 2010). Similarly, Weigensberg, Barth, and Guo (2009), also using data from NSCAW reported only 9.09% of children receiving FGDM. In a study in Hawaii, FDGM was found to be inconsistently implemented and referrals to family group were not a uniform part of an established practice (Adams & Chandler, p. 113, 2004). Another complication in FDGM can be differences between state and county level child welfare practice compared to Federal child welfare policy and guidelines. Vesneski (2009) suggests that FDGM practice as it is today in the modern child welfare system in the United States, "differs from and some might argue, subverts the national policy of child safety embodied in ASFA". FGDM can be complex and even at times contested. What appears to be a natural approach to working with families actually requires a significant paradigm and power shift for child welfare agencies. It alters the power differential: families, not professionals, describe their needs, and families are more responsible for interventions and solutions (Rauktis,

et al. 2009). It is a move away from looking at placing children in protective custody as the solution, which has been a historical role of child welfare, to increased levels of reasonable efforts for family involvement and safety planning. However, child welfare agencies are still responsible for ensuring the safety and well-being of children. Many child welfare agencies currently face shrinking funding due to budget cuts and limited and decreasing public resources. The climate of child welfare is one in which the autonomy and creativity of workers have been reduced due to media scrutiny, litigation, class action and consent degrees (Lupton & Nixon, 1999). Brown (Brown, 2005; Brown, in press) suggests that innovative practices like FGDM may not be received well by some child welfare professionals because it shifts the balance of power and changes the client–worker relationship in ways that can be difficult for the child welfare workers. They may perceive FGDM to be a high risk intervention because they maintain the responsibility for outcomes but share the control of the interventions with families: the higher the perceived risk, the higher the resistance to any innovation (Rogers, 1995; Salveron, et al., 2006). McBeath, Briggs and Aisenberg (2009) observe that negative media attention given to child welfare agencies has led to a "risk-adverse political environment," (p. 117) pushing agencies to be publically accountable and reducing their ability to innovate or experiment with new ideas. It is understandable then that despite the benefits of FDGM, there can be organizational resistance in regards to implementing FDGM.

Types of Family Group Decision Making Meetings

There are many different models and terms for team meetings with families involved in child welfare services. The Center for the Study of Social Policy (2002) developed a typology involving three broad categories of family team decision making including: 1) FGDM, 2) Team Decision Making, and 3) Community Partnerships for Protecting Children.

Family Group Decision Making

Family Group Decision-Making (FGDM) is an umbrella term for meetings designed to provide an opportunity for family and group members to develop a plan for the safety and protection of children. These meetings include Family Group Counseling (FGC), Family Unity Meetings (FUM), and Family Decision Meetings (Crea & Berzin, 2009). All of these practice models use a coordinator and a facilitator, often the same person, who is responsible for preparing the family for the meeting and facilitating the meeting itself. FGDM has been implemented in 35 states and more than 150 communities in the United States and other countries (Merkel-Holguin, 2003).

According the American Humane Association there are five key elements of FDGM:
- An independent coordinator (a person who is not the case worker for the family) to facilitate the meetings;
- The family group is the key decision making partner- resources are allocated

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towards finding and preparing the family;
- Private family time is allowed for families to discuss the case;
- When plans meet agency safety concerns, family plans are preferred;
- Services and resources available to meet agreed upon goals.

The American Human Association (Family Group Decision Making Conference, 2011) has also compiled the following findings from FDGM literature:
- Family Group Counseling increases involvement with fathers and paternal relatives;
- Social workers and service providers are satisfied with the process;
- Costs are neutral or lead to overall agency savings;
- Compares favorably in providing child safety;
- Provides timely decision and results;
- Keeps siblings and families together;
- Increases family support and helps family functioning;
- Reduces family violence;
- Promotes child and family well-being.

Family Group Counseling (FGC), perhaps the most commonly used of the FGDM models, is the model described earlier that was first developed in New Zealand. FGC often includes extensive preparation and planning during which participants are identified and prepared for the conference (Merkel- Holguin, 1996). Attempts are made to include relatives and community stakeholders who can provide resources for the family. This phase can last approximately three to four weeks in which the group coordinator helps the family organize the conference. The meetings are purposefully designed so that the number of family and community members outweighs the number of professionals. Other child welfare stakeholders present possible resources for the family, such as domestic violence or substance abuse services. After the family understands the issues and resources, all professionals and community members leave the room to provide the family with private time. The family uses this time to develop their own safety plan for resolving the concerns. The family then presents this plan to the coordinator for final approval based on clearly delineated safety steps and on a system for monitoring. Child protective services (CPS) authorities are responsible for monitoring the safety of the child as the plan is executed. If future problems arise another FGC can be convened to revise the plan (Pennell, 1999). Other FGDM models follow similar structure but do not allow for a private family meeting (Graber, Keys, & White, 1996). In Family Unity Models, a strengths assessment phase is added during which the family's strengths are assessed and documented. Blended models that utilize various elements of FGDM FUM have been implemented in some localities (Berzin, Thomas, & Cohen, 2007).

Team Decision Making

Team Decision-Making (TDM) is an approach to promote family involvement in every child welfare placement decision, and to improve the gate keeping around foster placement decisions by drawing on supports in a family's community (DeMuro & Rideout, 2002). TDM is a component of the larger child welfare reform initiative sponsored by the Annie E. Casey Foundation, Family to Family. TDM meetings have been implemented in 60 Family-to-Family sites across 17 states within the United States (Crea & Berzin, 2009). Team Decision-making meetings are intended to be facilitated before any and all placement decisions are made, including placing a child in protective custody, changes in placement, and prior to recommendations to the court on permanency plans.

TDM meetings rely on highly trained facilitators who are independent of the social worker, to facilitate the meetings between the family and the child welfare agency. According to its design, the facilitator initially asks the family and worker to present their perceptions of the problem as well as the history of the problem, including prior child welfare involvement. The caseworker may recommend a plan of action, and the family is invited to react to the plan and suggest their own plan. The facilitator leads a discussion to brainstorm potential outcomes of the plan(s) and the roles proposed by each party involved. Identifying family's strengths and needs is an important component of the meeting, and facilitators often will visually list strengths for the family. If the group cannot reach consensus, the facilitator will lead the child welfare agency staff to an agency decision. The overall purposes of the meetings are to make the best possible decisions involving the family's input, and to connect the family to resources (DeMuro & Rideout, 2002).

Community Partnerships

Community Partnerships for Protecting Children is a program originated and supported by the Edna McConnell Clark Foundation of the Center for Community Partnerships in Child Welfare, an affiliate of the Center for the Study of Social Policy (CSSP). This approach develops an Individualized Course of Action (ICA) for families to identify strengths and needs (Crea & Berzin, 2009). Family Team Conferences (FTCs) are held in a variety of communities in the United States, including sites in Kentucky, Missouri, Florida and Iowa (CSSP, 2002). FTCs strive to bolster the development of the ICA and to improve the process by which a family's strengths and needs are considered (CSSP, 2002). In these meetings, family and community members, and formal service providers meet to identify strategies to achieve outcomes for the family. Meetings are facilitated by the caseworker, although community-based providers may also be trained for this role. Meetings are convened at any time by family, agency staff or any other group member. The entire group is responsible for developing a plan, though outcomes are decided solely by the family except for pre-specified non-negotiable items relating to

child safety. A central part of the meeting involves family sharing its perspective of the problem that lead to child welfare involvement.

Research on Family Involvement Approaches in Child Welfare

To identify research and evaluation pertaining to family involvement models, Crea and Berzin (2009) searched scholarly databases using the following keywords: Family Group Decision-Making; Family Group Conferencing; Team Decision Making and Team Decision-making; Family Team Conferences; and Family Unity Meetings. In addition, these key words were also used in wider Internet searches to identify gray literature not published in peer-reviewed journals. Researchers then agreed upon selected empirical research studies for inclusion in the review, based on the availability of the following information: Data Sources; Sample (N & Unit of Analysis); Methods; Data Analysis; and Results. Each research article was then summarized using the above categories in Table 1, classified by Family Group Conferencing/ Family Group Decision-Making; Team Decision-Making in the Family-to-Family Initiative; and Community Partnerships for Protecting Children. Following is a table with the findings from this meta-study.

TABLE 1 Research on Family Involvement Approaches in Child Welfare

	Data source(s)	Sample (N, unit of analysis)	Methods	Data analysis	Results
		Family Group Conferences (FGC)/Family Group Decision-Making (FGDM)			
Berzin, 2006	Child Welfare Administration (CWA) sibling data	N = 32 children	Compared outcomes for children randomly assigned to FGDM in 2 sites	Generalized Estimating Equation (GEE) linear and logistic regression	No differences in child maltreatment, placement stability, or permanence
Center for Social Services Research, 2004	Focus groups, family, and staff surveys, CWA data	N = 139 children	Process and fidelity studies of FGDM and contextual issues, impact study of children randomly assigned to FGDM in 2 sites	Descriptive statistics; binomial logistic regression	No differences in safety, placement stability, or permanence; treatment group was no worse than comparison; small sample size resulted in lack of statistical power
Crampton & Jackson, 2007	CWA & family court administration data	N = 25 children	Compared outcomes at 2 years comparing children receiving FGDM (vs not) in 1 site	Descriptive statistics	FGDM children less likely to have additional contact with Child Protective Services (CPS), change placements, be placed in group homes, and more likely to remain with extended family
Crow & Marsh, 1998	CWA data; family and staff interviews	N = 34 conferences	Examined referral criteria, model usage after initial child protection conference; usage in a multi-ethnic setting, and resource demands, in 1 site	Descriptive statistics	Found high staff participation with preferences for clear referral criteria with greater staff discretion; staff thought children were better protected with FGC; high family satisfaction; no perceived cost increase
LeGros & Milligan Associates, Inc., 2003	Family and staff surveys; CWA data	N = 1,641 families; N = 861 CPS FGDM workers; N = 136 resource workers	Examined completion of meetings and plans; rates of relative placements; levels of satisfaction; child safety; perceived level of respect; and meeting statewide performance goals, in 6 sites	Descriptive statistics; qualitative data analysis	Found that almost all families successfully completed placement plans; high levels of satisfaction and confidence that children would be safe; family members felt respected; all legislated goals were exceeded and better than administrative data comparison group
Pennell & Burford, 2000	Family interviews; CWA data	N = 63 families	Examined reduction in violence against child and adult family members in 3 sites, pre- and post-FGDM, with non-FGDM comparison group	Descriptive statistics; qualitative data analysis	Found high family satisfaction; reduced maltreatment among FGDM children and mothers; continuation of mother abuse by troubled youths

(continued)

TABLE 1 (Continued)

	Data source(s)	Sample (N, unit of analysis)	Methods	Data analysis	Results
			Family Group Conferences (FGC)/Family Group Decision-Making (FGDM)		
Shore et al. 2002	FGC family plans; FGC database	N = 138 children	Examined family participation, substantiated CPS re-referrals, and placement stability and closure, for cases at least 6 months post-FGC, in 2 sites	Descriptive statistics and content analysis	Found increased numbers of children living with parent after FGC; low rate of re-referral; high placement stability; high levels of family and worker satisfaction
Siepert et al. 2000	FGC forms for referrals, contact, and observation; participant feedback forms	N = 25 families	Examined pre-conference and within-conference activities, common conference goals, and participant satisfaction, in 1 site	Descriptive statistics and qualitative data analysis	Found extensive preparation before conferences, wide range of participants, common goals of family contact and safety plan follow-through, high levels of participant satisfaction
Sundell & Vinnerljung 2004	Family surveys, CWA data	N = 201 children	Used concurrent prospective design with non-equivalent comparison groups (FGC vs traditional) to measure recurrence of maltreatment at 3-years post-FGC	Descriptive statistics, hierarchical linear regression	FGC children had higher re-referral rates to CPS; FGCs not related to neglect re-referrals, case closure, or days receiving services
Trotter et al. 1999	FGC observations, participant and staff interviews, staff focus groups, participant and staff satisfaction surveys	N = 30 families; N = 150 agency staff	Examined FGC participation and process, workers' perceptions of FGC, family satisfaction, and follow-up, across 9 regions	Descriptive statistics; qualitative data analysis	Found strong program fidelity, variable staff attendance and training, varying staff opinions re: how FGCs should be used, generally high levels of satisfaction among families, variations in time taken to conduct FGCs
Weigensberg et al. 2009	NSCAW	N = 650 children	Compared services usage for those receiving FGDM (matched to those not receiving FGDM) at baseline and 36 months	Propensity score matching & descriptive statistics	FGDM children more frequently connected to services at baseline; no differences at 36-month follow-up
Yancey et al. 2005	Individual case studies and CWA data, interviews and surveys	N = 57 children; N = 90 social workers; N = 29 case managers	Examined FGC's efficacy in improving placement and family connection outcomes for children placed in group care	Descriptive statistics; Qualitative data analysis	Found that FGC succeeded in locating and engaging family members, particularly fathers and paternal relatives. A majority of children moved to a less restrictive placement within 6 months and remained at 12 months; FGCs increased positive communication among participants

TABLE 1 (*Continued*)

	Data source(s)	Sample (N, unit of analysis)	Methods	Data analysis	Results
			Team Decision-Making (TDM)		
Crampton et al. 2008	Interviews & focus groups	N = 180 child welfare agency staff members	Compared perceptions of TDM implementation across 5 sites	Qualitative data analysis	Found support of TDM practice among front-line workers, with preferences for greater discretion in its use
Crea et al. 2008	CW and TDM administrative data & interviews/focus groups	N = 7,147 children; N = 89 agency staff members	Examined aggregate TDM usage and foster care placement patterns at 5 sites; Examined challenges and strategies to TDM implementation using qualitative data at 5 sites	Descriptive statistics; qualitative data analysis	Found extensive but variable TDM implementation across sites, and specific strategies to enhance implementation
Crea, Crampton et al. 2009	TDM administrative data	N = 7,216 TDM meetings	Examined TDM usage and participation and patterns across 3 sites	Descriptive statistics	Found high program fidelity, high participation rates by family members and staff
Crea, Wildfire et al. 2009	TDM Admin. Data	N = 1,955 TDM meetings	Examined predictors of the restrictiveness of TDM placement recommendations across 3 sites	Multinomial logistic regression	Found that caregiver presence at TDM meetings significantly lowers the odds of a recommendation to change placements
			Community Partnerships for Protecting Children (CPPC)		
Daro et al. 2005	Family and staff surveys; CWA data; interviews and focus groups	N = 351 families; N = 100 agency managers; N = 500 CW workers; N = 141 volunteers	6-month longitudinal study of families receiving individualized course of action (ICA) measuring parental functioning and access to supports; analysis of child abuse reporting and placement patterns over time; surveys of managers and workers re: organizational culture, service availability and program implementation in 4 sites	Univariate and bivariate analyses; linear regression models; Cox proportional hazards models	Found modest improvements in parental functioning, no changes in subsequent maltreatment reports; improvements in staff satisfaction; more collaborative decision-making process; improved ability to access community resources; reduction in negative community perceptions of agency