



Engagement in child protective services: Parent perceptions of worker skills

Jill C. Schreiber*, Tamara Fuller, Megan S. Pacey

Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, United States

ARTICLE INFO

Article history:

Received 18 December 2012

Accepted 23 January 2013

Available online 8 February 2013

Keywords:

Child welfare

Child protection

Client engagement

Parent engagement

Qualitative

Investigation

ABSTRACT

Recent reforms in child protection systems (CPS) in several countries have placed an increased emphasis on engaging parents in the initial assessment and service planning process. CPS workers, however, face multiple barriers to successful engagement with parents, including parents' preconceived notions of CPS and their subsequent fearful or angry responses to the initial visit. This qualitative study sought input from 40 parents involved in CPS regarding the strategies that workers used to successfully engage them in the child protection intervention. Three major themes about worker skills emerged from the analysis of the interview transcripts: parents were more positively engaged with CPS workers who they perceived as competent, who utilized positive communication skills, and who provided them with either emotional or concrete support. These findings have clear implications for CPS worker training; especially for CPS agencies that do not require CPS workers to have social work degrees. Additional implications for CPS agencies, such as the need for realistic worker caseloads and effective community outreach, are discussed.

© 2013 Elsevier Ltd. All rights reserved.

1. Introduction

In the United States, nearly 2 million families were reported to and received a response from child protective services (CPS) in 2010 (U.S. Department of Health and Human Services, 2011). For most families, the initial visit from CPS is an unwelcome surprise that typically elicits intense negative feelings of fear, anger, or shame from parents (Ayon, Asienberg, & Erera, 2010; Buckley, Carr, & Whelan, 2011; Dale, 2004; Diorio, 1992; Dumbrell, 2006; Harris, 2012; Kriz, Slyter, Iannicelli, & Lourie, 2012). CPS workers have the difficult task of overcoming parents' initial fears and reluctance to engage so that they can effectively assess child safety, determine family needs, and make decisions about ongoing child welfare services. Research with CPS workers suggests that they utilize several strategies to minimize parents' fears and engage them in the assessment and service process (Kriz et al., 2012), but little is known about how parents view these strategies. The current study provides information from the parents' perspective about the approaches that either encouraged or inhibited their initial engagement with their child protection worker.

1.1. Barriers to engagement in child protective services

Engaging parents in child protective services is difficult. Unlike the other types of social services, child protective services are typically not initiated by parental requests for assistance, but rather by someone else's allegations of abusive or neglectful parenting. Child protection

workers must enter a family's private residence, usually with no advance notice of their arrival, and gather information from the parents and children on a variety of sensitive topics. Previous research with CPS populations has shown that parents feel an overwhelming sense of fear during their interactions with public child welfare systems, and that this fear is most pronounced at the time of the first visit from the CPS worker (Diorio, 1992). The source of parents' greatest fears involves the removal of their children from their home by a caseworker that they perceive to have limitless and unstoppable power (Ayon et al., 2010; Diorio, 1992; Dumbrell, 2006). Research with CPS workers confirms that parent fears have "major implications for the worker–client engagement process at the beginning and intermediate points in any given CPS case" (Kriz et al., 2012, p. 321), prompting the suggestion that CPS workers need to develop a "fear management toolkit" to minimize fears and facilitate engagement. Although difficulty in engaging parents has been reported by workers in related fields such as child abuse prevention and the other types of home visiting programs (Daro, McCurdy, & Nelson, 2005; Korfmacher et al., 2008), the involuntary nature of the initial CPS visit and the fear of child removal pose even greater barriers to engagement than are present in these voluntary prevention programs.

Additional barriers to engaging with parents exist from the CPS worker's perspective. CPS workers often experience a conflict between their dual roles of ensuring the safety of children, which includes the possibility of removing them from the home, versus supporting the families and helping them gain skills to overcome their problem. To reduce the tension caused by this ambiguity and role conflict, CPS workers and agencies may find it easier to focus on the forensic aspects of the work rather than engaging parents in a process of behavior change (Trotter, 2006). Interviews with child

* Corresponding author.

E-mail address: schreibe@illinois.edu (J.C. Schreiber).

protection workers reveal that although most attempted to assuage parent fears during the initial contacts, some took the opposite approach and attempted to leverage the parents' fears to coerce them into compliance with service plans (Kriz et al., 2012). Many CPS workers face other constraints to effective engagement with parents, such as high caseloads that limit the amount of time spent with parents (Gallagher et al., 2011), policies and procedures that place heavy demands on paperwork instead of relationships with parents (Platt, 2012), as well as the high pressure and time-sensitive nature of the cases (Turney, 2012).

An increased reliance on formal safety and risk assessments in CPS may also negatively impact the worker–parent relationship by placing an undue emphasis on the families' compliance with assessment procedures (Harris, 2012). If family compliance with the expected assessment activities does not occur, workers often escalate the degree of pressure on families to cooperate; for example, by convincing them that the assessment is for their benefit, warning them that the case cannot be closed without the assessment, and in some cases threatening with court orders if compliance is not achieved. This focus on formal assessment procedures adopted by many CPS workers was negatively perceived by parents and led many to take a critical posture toward the agency (Harris, 2012).

1.2. Importance of engagement in child protective services

Although the difficulties in engaging parents in child protective services are apparent, child welfare policy-makers and researchers have begun to acknowledge the importance of parent engagement in achieving positive outcomes for families. In the United Kingdom, the 1989 Children Act became the touchstone for an attempt to refocus the child protection culture from one that intimidates parents through investigations to one that works in partnership with parents through the provision of services (Spratt & Callan, 2004). Also in 1989, New Zealand introduced legislation that introduced the principles of participatory decision-making into all child protection cases (Darlington, Healy, & Feeney, 2010), and similar legislative reforms were passed in several Australian territories in the subsequent years. Child protection legislative reform initiatives in the United States have been slower to appear. In their report on the Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act of 2010, the U.S. Senate Committee on Health, Education, Labor, and Pensions acknowledged the “dissatisfaction with traditional Child Protective Services (CPS) practices and the growing recognition of the importance of engaging families to improve parenting practices” and recommended the use of differential response models to adapt current CPS practice, but fell short of proscribing “by regulation or guidance a specific practice or narrowing of acceptable practices” for child protection systems (Senate Report, 2010, p. 11). Even without legislative mandates, many state public child welfare systems have begun to adopt policies that emphasize family participation and engagement in decision-making (Merkel-Holguin, Kaplan, & Kwak, 2006).

Legislation and policy that emphasize family engagement in child welfare services have been developed, in part, based on theory that posits a direct link between engagement and positive treatment outcomes (Littell, Alexander, & Reynolds, 2001; Platt, 2012; Staudt, 2007). However, the exact nature of the link between engagement and treatment outcomes is not well-understood, and the evidence linking parent engagement with positive child welfare case outcomes has been mixed. Although one study (Littell, 2001) hinted at a relationship between parent compliance (keeping appointments, completing tasks, and cooperation) and child welfare case outcomes (subsequent maltreatment reports and out-of-home placements), another found no evidence of a relationship between engagement and permanency outcomes (Altman, 2008). These mixed findings are not surprising, given the lack of conceptual clarity about the

nature of parent engagement, which has resulted in ambiguous measures. Much of the past research has utilized measures of parental engagement based on the caseworker rating of parent compliance with service plans or attendance at meetings, which may not be appropriate indicators of engagement in CPS (Platt, 2012). In order to gain a fuller understanding of parent engagement in CPS, it is imperative to capture the parents' perspective on the determinants of engagement.

1.3. Parent perspectives on engagement in CPS

Although there is a dearth of studies in the U.S. that explore parents' perspectives of child protective services, several studies have been conducted in the U.K., New Zealand, and Canada that provide some indication of the CPS worker skills, behaviors, and qualities that enhance or inhibit parent engagement. Most recently, a qualitative study with five families involved with the child protection system in Scotland sought to identify the factors that had helped or hindered engagement between social workers and service users (Gallagher et al., 2011). These parents spoke about their initial reactions of being “petrified” that the workers were there to take their children away and the vital importance of building trust in their worker to overcome these fears. From the parents' perspective, trust did not appear immediately, and required a certain amount of persistence by the worker to overcome the initial hostility that parents felt. Parents emphasized the importance of honest and clear information, as they often struggled to understand what was happening to them. Failure to honestly communicate about what was going to happen or what the next steps would be led some parents to feel as if things were going on behind their backs or that workers were being sneaky.

Several other studies conducted in the U.K. have sought parents' input to determine if the CPS practice changes stemming from the 1989 Children's Act and other policy directives were having any measurable impact on CPS worker–parent relationships. Results from these studies highlighted two important aspects of the relationship that mattered most to parents. The first was the importance of being trustworthy, which was accomplished by doing things such as following through on promised tasks, promptly returning phone calls, showing up for meetings and appointments without multiple cancellations, showing knowledge and expertise of their job requirements, and going beyond procedural requirements in their work (Buckley et al., 2011; Dale, 2004; Spratt & Callan, 2004). When workers are trustworthy, parents were able to let go of their fear and engage. The second aspect of worker behavior that facilitated parent engagement was the ability to project an appearance of warmth, empathy, and reassurance as opposed to appearing “bossy, business like, and judgmental” (Buckley et al., 2011, p. 107). When parents perceived these negative worker communication styles, alternatively described in a second study as “arrogant, snotty, bossy, and couldn't care less”, they often responded by being purposefully uncooperative (Dale, 2004, p. 150).

Qualitative interviews with parents involved in the child protection system in Canada revealed that the workers' use of power in their relationships with parents was a key determinant of how parents choose to respond to CPS intervention (Dumbrill, 2006). When parents perceive child protection workers as using power “over them” in ways that are coercive or penalizing, they most often respond by either openly challenging the worker or by “playing the game” and feigning cooperation (Brown, 2006; Dumbrill, 2006). Conversely, when parents felt engaged and supported by their workers, they were more likely to react to the intervention by working collaboratively in the change process.

Although less research in the U.S. has examined parent perceptions of child protection interventions, a study in the mid-1990s conducted five focus groups with child welfare “consumers” to explore the worker competencies that were most vital to effective

practice (Drake, 1996). Parents identified several competencies that were vital to the development of an effective worker–parent relationship, including the ability to communicate using clear, direct, and unambiguous language; relate to parents at their level of understanding; and avoid the use of threatening and judgmental terms. Also important was the worker's ability to remain calm, which helped the parents reduce their own levels of anxiety. Other skills that parents felt were important were related to the worker's "attitude" – parents appreciated it when workers interacted with them in ways that were non-judgmental and respectful, and acknowledged the intrusive nature of CPS intervention by doing things like asking permission before looking in closets.

1.4. Aims of the current study

Recent policy changes in the U.S. place an increasing emphasis on parent engagement in child protective services, yet little research exists to guide CPS worker practice on the best ways to engage parents during the initial phase of involvement with the child protection system. Research in other countries suggests that there are skills that CPS workers can utilize to engage with parents, but it is unclear whether these same skills are viewed as effective by parents served within the context of the child protection system in the U.S. The current study will add to the discourse on engagement in CPS by gathering qualitative information from a sample of parents involved in child protective services in Illinois, focusing specifically on the CPS worker skills and qualities that enhanced or inhibited the parents' ability to engage with the worker during the first several visits.

2. Methods

All methods were approved by the Institutional Review Boards at the University of Illinois at Urbana-Champaign and the Illinois Department of Children and Family Services.

2.1. Sample recruitment

This study was part of a larger evaluation of the effectiveness of CPS response to low-risk child maltreatment allegations. Families were eligible for the larger study if they 1) had a screened in the report of maltreatment between November 2010 and May 2012, 2) had no prior substantiated maltreatment reports in Illinois, and 3) the current report involved allegations of neglect, including inadequate food, inadequate shelter, inadequate clothing, environmental neglect, mental injury, medical neglect, or inadequate supervision. As part of the larger study, parents were given a paper and pencil survey at CPS case closure, and those that returned the survey indicated their willingness to participate in additional research opportunities related to their experiences with CPS. Recruitment letters describing the details of the current study were sent to an initial sample of parents who indicated a willingness to be contacted and who listed a telephone number as part of their contact information. In the letter, parents were offered a \$50 retail gift card in exchange for their participation in the study. Members of the research team called the parents about a week after the recruitment letters were mailed and explained the purpose of the study, answered any questions the parents had, and scheduled appointments for the telephone interviews if the parent was interested. If parents declined to participate or could not be reached by telephone after three attempts, recruitment letters were mailed to additional parents until the target sample of 40 interviews was achieved.

2.2. Sample description

A total of 70 recruitment letters were mailed to parents and 40 parents were interviewed. Of the 30 non-participants, 13 had phone

numbers that were no longer in service, 12 did not answer the phone or return messages, and 5 declined to participate. Of the 40 parents who were interviewed, 35 were female; 25 were White, 9 were Black, 1 was American Indian (2.5%) and 5 did not indicate a race. Two participants identified as Latina. Nearly half of the participants ($n = 17$) had a high school diploma/GED or less, 14 had "some college," 4 had a college degree or more, and 5 did not indicate an educational level. Twenty-four participants reported their total household income to be less than \$20,000 annually.

2.3. Interview procedure

Participants were interviewed by a Masters or PhD-level researcher. Interviews took place over the telephone, lasted 30 min on average, and were audio recorded with permission from participants. Researchers utilized a semi-structured interview protocol with open-ended questions to elicit details about the parents' initial contact with child protective services. Primary questions related to this analysis included:

1. What happened during that first visit? Tell me everything that you remember.
2. How did you and your worker "get along"? Did you work well together? Why or why not?
3. Did your worker make any decisions about you and your family that you didn't agree with? If yes, what were they? How did you handle this?
4. What was the most helpful thing that your worker did for you?

2.4. Data analysis

Interview transcripts were analyzed using analytic coding (Lofland & Lofland, 1995) which involves creating emergent codes that make sense in the context of the data. Two researchers read the transcripts and identified themes related to parents' perceptions of caseworker behaviors that facilitated engagement. Through discussion and consensus, these two researchers developed a list of engagement themes that were entered as nodes into NVivo. After the initial coding scheme was developed, each researcher separately analyzed each of the 40 interview transcripts. The researchers met frequently to discuss similarities and differences in their use of the codes and agreed on additional themes as they emerged. The coded transcripts were then merged and reviewed to check inter-rater reliability, which revealed over 95% reliability in coding between the two researchers. Discrepancies were reviewed until consensus was reached. In order to increase the validity of the analysis, researchers engaged in member checking and peer debriefing. Member checking consisted of sharing the results with a CPS investigator, who confirmed the validity of the findings given her experiences working with families. Peer debriefing consisted of reviewing the findings with both disinterested peers and colleagues experienced with child welfare research.

3. Results

3.1. Initial engagement context

The interview questions asked parents to describe as much as they could remember about their first visit from their CPS worker. During data analysis, it became clear that child protective services operate within a very different social context than the other types of human services and that context inhibits the process of engagement with families. Two themes emerged from the interviews regarding the context surrounding the first visit: parents' negative expectations about CPS and its workers, and parents' strong negative emotional reactions to the initial CPS visit. Both of these served as potential impediments to engagement, although many of the workers were

able to overcome these impediments using skills described in the next section.

3.1.1. Parents' expectations about CPS workers

Before the workers arrived at the households, many of the parents had negative opinions about CPS workers and assumed they would be rude and disrespectful. CPS workers need to overcome these negative stereotypes and expectations in order to engage parents and develop a positive working relationship. Some caseworkers were able to dispel these negative expectations when they were confronted by them:

He was very professional, very polite, nothing what I expected from a DCFS worker. I kind of thought they were gonna come in and try to intimidate or bully me, so to speak. That's not the impression that I got from him at all. He was truly there to make sure everything was okay in the home and that the children were safe[...] Probably because of the fact that he was an individual that really enjoyed his job, per se. He was in the line of work for all the right reasons.

The parents were aware that CPS workers have the ability to take their children, and many seemed to think that this was the primary role of the CPS worker. As one mother stated: *"I mean when a mom thinks of DCFS, they think, 'Oh, no. They're coming to get my child.'"* Most parents were unaware of the fact that the majority of CPS contacts do not result in the removal of any children from the home. CPS workers can allay parents' fears and correct these negative stereotypes by explaining to parents that the focus of the visit is not to take their child but to ascertain whether the child is unsafe or at risk. The mother quoted earlier in this paragraph goes on to state: *"After I talked to him, I realized, no, that's not what he's doing. He's just making sure she's okay."*

3.1.2. Parents' emotional responses to CPS

Not only are CPS visits stressful, they typically occur when the families are already under duress. When a CPS worker arrives, they not only elicit a strong emotional reaction from many parents, but parents may already be at a limited capacity to deal with the crisis. Parents were asked about their emotional responses to the CPS worker visit and the majority of parents described strong negative emotions such as fear, shame, and anger, although a few described being nonplussed.

Similar to the results of other qualitative studies with parents involved in CPS, fear was the primary emotional response experienced by parents during the initial visit from CPS. One father described how he felt when the CPS worker first came to his house:

He knocked on our back door, which was weird because we normally don't have anybody to our back door, so that was what kind of surprised us in the beginning [...] I remember I was actually sitting there having a cup of coffee, and he'd come walking in, and he started just kind of asking us questions and explained to us that here in a minute, he would get to what was going on, but he wanted to verify we were who we were and everything else [...] When he first walked in and everything, it was just kind of weird because we had no clue who he was or what was going on. At first, we were just kind of like, "Okay, what's going on?" Then after he explained who he was and what was going on — I don't know, I almost felt like crying 'cause my kids mean the world to me; I wouldn't do anything to hurt 'em [...] When he first came in, I felt a little threatened.

Another parent described how her initial fear changing through the course of the visit:

At first I was scared [...] After we talked I felt they were more there to help me. My first response - I thought they were coming just to take

my kids. After we talked we had a better communication and they were there to help me and not just take my kids from me.

Although fear was the most commonly described emotional response to a CPS visit, many parents also described a sense of shame that they were being viewed as bad parents. They had stereotypes about the types of parents that would receive a CPS visit and rejected the idea that they were that type of parent: *"I was upset. I was embarrassed. I was shocked and just upset that these people came into my house. These people are for the kids who are abused and neglected. I didn't feel that I was that type of parent."* Other parents were very angry about the initial contact with CPS. Often this anger was directed at the person who made the report. Some parents believed that they knew who had made the report but other parents spent time trying to figure out who had reported them. Some parents directed their anger at the CPS worker: *"I feel that, like I said, at first I was angry and I didn't wanna really listen to what she was saying at first."*

3.2. CPS worker behaviors related to engagement

Engagement at the initial phase of CPS intervention requires worker skills that can overcome the parents' fears of child removal, shame at being labeled a bad parent, and negative expectations that surround the role of a CPS worker. Analysis of the interview data revealed three broad sets of skills that CPS workers employed to effectively engage these parents: the first set of skills included behaviors that conveyed a sense of professional competence, the second set involved effective communication skills, and the third set included behaviors that involved the provision of care. While most of the parents discussed positive worker behaviors that aided the process of engagement, a few discussed negative worker behaviors that limited their engagement.

3.2.1. Worker competence

Several themes emerged within the data that were related to parents' perceptions of their workers' competence. Competence, in this context, related to the parents' perceptions that their CPS workers were knowledgeable, skilled at their jobs, and efficient. Because parents' often held negative stereotypes of CPS workers that painted them as biased, rude, or judgmental, CPS workers that appeared calm, thorough, and neutral in their actions were able to overcome these stereotypes and effectively engage parents in the assessment process.

3.2.1.1. Remaining calm. Parents appreciated the workers remaining calm, even when the parents were overwhelmed with negative emotions. Parents were able to deescalate their negative emotions when the caseworker remained a non-anxious presence. One mother appreciated the relaxed demeanor of the CPS worker: *"She just kinda sat down and everything and we were just chitchatting [...] I can tell in the corner of her eye she's kinda like looking at things and checking the kids out, but she was very calm about it."* This worker used small talk and normal hospitality conventions to help frame the new and frightening experience of the CPS visit. Other cues such as voice modulation can also signal calmness. As another mother described: *"He was really, really, really soft-spoken. Not to the point to where you feel like you could walk over him or anything, but he's not the type of person to just walk in and make you feel threatened."* Managing worker anxiety is important for a variety of reasons. Previous research has found CPS worker anxiety to be a potential barrier to effective relationship building (Drake, 1996). In addition, neuropsychological research indicates that anxiety interferes with a person's ability to process social stimuli such as facial cues, such that highly anxious people tend to incorrectly interpret facial cues in a negative direction (Williams et al., 2007). Thus, anxious workers may be more likely to misread parent's social cues.

3.2.1.2. *Being prepared.* Parents felt more at ease with workers who entered their homes well-prepared and organized. A few parents described their CPS workers doing research on the case before the workers came to the home. Parents appreciated it when workers had checked on some of the background of the allegation before the CPS visit. One mother reported: “*She did her job before she even came out [...] She called the sheriff [...] and they acknowledged that this was gonna be false allegations [...] I appreciate that she did that before just yanking my kids.*”

Another way for caseworkers to signal that they are prepared is to solidly know the procedures and guidelines. Since parents don't have accurate expectations and are often very anxious about the visit, they appreciate it when the workers speak with accuracy and authority about the process:

I don't think he ever looked at his paperwork, really, but he was able to tell me everything, and it was like, 'Wow.' I mean, that tells you he's definitely good at his job. I mean, he doesn't have to sit there and just read off paperwork to figure out what's going on.

3.2.1.3. *Conducting an accurate assessment.* Underlying many of the parents' fears about CPS was the assumption that the CPS worker would not collect sufficient information about their family to make an informed assessment. Parents were more likely to be accepting of CPS intervention when they felt that their worker had heard all sides of the story and talked to everyone that had relevant information. Conversely, parents were angered when they perceived that their worker failed to collect information that might alter their case outcomes. For example, one mother who was being accused of medical neglect of her daughter was upset because she perceived that her worker had not collected adequate information to make an accurate decision:

[...] they charged [me] with medical negligence due to information she may have gotten from one doctor and one pharmacist, but my daughter had several things wrong with her that she goes to several doctors. I feel like she didn't get enough information to come up with her conclusion. I think she made a rushed judgment [...] I think she pretty much just found out whatever she was looking for that she felt comfortable enough with making her decision. However, I believe that there's more to the story. I think that there should have been more research before it's done.

In addition to being thorough in their assessment, parents also reacted more positively to the CPS worker when they felt that the worker was impartial in their analysis of the information that had been collected. Parents often worried that the information contained in the initial maltreatment report had biased the worker against them, so they were grateful when workers were able to convey a neutral and non-judgmental demeanor. One father reported: “*I think the most helpful thing that she did was just be honest with her analysis, she [was] a neutral party and didn't color the facts, and just reported what she saw, and relayed how she felt.*” Many of the parents referred to their caseworkers as being fair:

She seemed genuinely neutral and just she needed to ask some questions, gather some information, and either make a determination or pass that information on. I just didn't feel like she was gonna be biased or color the story in any way. I just felt like her job was to look at [my son], talk to [my son], assess our home, and my personality, and listen to the story, and she just seemed neutral and that's what I would want in a situation like that.

3.2.2. Communication

Effective communication, defined here as the exchange of information between individuals, is an essential element of any relationship,

including the relationship between the CPS worker and parents. Previous research with CPS service users has revealed that parents value workers who speak to them in clear, non-threatening terms about what is happening (Drake, 1996). The current findings also indicate that the manner in which CPS workers communicated with parents influenced their engagement during the initial visits. Although there are proscribed activities that all CPS workers must complete, such as interviews and assessments, the manner in which these activities are done is important to parents. Failure to effectively communicate with parents, as described by several parents in the current study, can perpetuate negative stereotypes about CPS and inhibit later attempts at engagement.

3.2.2.1. *Explaining the process.* Parents often think that the primary role of CPS workers is removing children from their homes. Since parents often have little factual knowledge about CPS processes, one of the most important things for parents was clarity about what was going to happen during their initial visits. When asked what the most helpful thing was that the worker had done for the family, one parent responded: “*Probably just explaining the entire process (from) start to finish.*” Parents appreciated caseworkers who took the time to calmly and carefully describe what was going to occur.

Because it was [not] just like most people when they talk to you, they come in and tell you this is what's gonna happen. She actually sat down with us. She talked to us. She explained things to us.

In this example, equally important as the content of the conversation were the vocal and non-vocal signals that accompanied the worker's explanation. Sitting down with the parents during the explanation created a context of sharing rather than telling. Caseworkers' communication extends beyond the words and includes inflection, facial expressions, and gestures. When caseworkers' non-verbal behaviors are aligned with the verbal explanation of the process it was especially effective at modulating parents' intense emotions, including reducing parents' fear of the unknown, calming anger and reducing shame.

3.2.2.2. *Questioning thoughtfully.* Early stages of CPS intervention with families involve collecting a lot of information from parents by asking them questions, often about very sensitive topics. In previous research both consumers and workers reported the importance of understanding the intrusive nature of CPS interventions (Drake, 1996). Although there is often no way to avoid asking the questions, they can be communicated in ways that are less distressing to parents. Explaining the necessity of what may seem like intrusive or unnecessary questions may make them more palatable to parents. Failure to provide a rationale for questions about family relationships or other potentially sensitive subjects can elicit negative responses from parents:

[...] some of the questions that were being asked kind of like opened — she kind of asked about an ex-husband of mine. It kind of opened up old wounds that she was asking me. It was like she was asking me questions as if she didn't know, like okay, really, and 'why is this and why is that?'. I felt that that was personal, and I shouldn't have to voice that part of my life. I did. She needed it for her report. That part didn't sit too well with me.

Stress and anxiety may limit parents' capacity to understand complex questions, as can other circumstances such as low education levels, mental health problems, or disabilities. Parents appreciated it when questions were tailored to meet the circumstances or their capacity. One parent with a disability in the current sample was aware that the caseworker was reframing the questions to make

sure they were accessible: “[The CPS worker] knew how to ask the question to my ability so I could answer ‘em correctly.”

3.2.2.3. Listening to parents. Communication is a two-way process. Workers not only need to embody their words carefully, they also need to be active listeners. CPS workers who listened carefully were also able to respond to parent needs more appropriately. As one mother stated: “[The worker] very openly listened to what we had to say and was on board with helping us and getting everything rectified.” Sometimes the listening itself was therapeutic. Parents were grateful to CPS workers who let them vent:

He kinda let me vent, because I'd never had this happen to me. He was very nice and accommodating. Like I said, he wasn't mean. He was very nice actually. He took the time out to answer my questions. He gave me his phone number if I had any other questions.

3.2.2.4. Being accessible. From the parent's perspective, a critical part of communication with their CPS worker involved the worker's accessibility for additional discussion or questions after the initial visit. Workers can facilitate engagement by making sure that parents have their correct contact information before ending the first visit as well as the sense that it is okay for them to initiate additional contact. One mother felt engaged by her perception that her worker welcomed additional contact from her: “She gave me her card with her number on it and told me that if I had any questions or needed any information or anything like that, to call her at any time.”

One of the biggest obstacles to engagement occurred when CPS workers were inaccessible for further communication. This was incredibly frustrating to parents:

Several times I tried to contact her and left voice messages. Then she would return my call, we would set up a date, but then something else would come up so our date had to move back. When we finally seen each other, it was just that one time.

When their worker did not return her calls, one parent assumed that her case was a very low priority to them:

I was leaving several voice messages because she had other cases that were probably more important than mine, but I felt that my case was important so I was calling her to try to set up an appointment with her to get her to come out sooner than she came out.

3.2.3. Care

The third major theme that emerged from the parent interviews was the importance of the emotional and concrete support provided by the CPS workers, which we labeled as “care.” CPS workers were able to show they cared for the families by using positive reinforcement for things the parents were doing well, by establishing a connection with the parent by finding some point of commonality, and by providing concrete supports through referrals and information.

3.2.3.1. Noticing strengths. In the interviews, parents were very proud to repeat strengths that CPS workers had commented on; the workers' praise took on great meaning for them. Positive reinforcement may be especially important for parents who are struggling with feelings of shame or ‘bad parent’ identity issues that directly result from the experience of having a CPS report. When her CPS worker commented on her strengths, one mother felt empowered and able to engage:

I mean the DCFS worker, she [...] said that as opposed to a lot of the places that she has to visit, that my apartment, it was clear that everything was extremely clean and organized and that my daughter

had a lot of toys, and that means that she obviously wasn't going without anything. She said she could see that, when they spoke to my daughter, that she was being well taken care of and everything like that. I mean it was a lot of positive feedback.

Along with noticing strengths, parents appreciated when their workers clarified the types of child behaviors or situations that were normal or expected; for example, a messy toy room may not be an area of strength but may be normal, as would some level of conflicts with teenagers or defiance from a 2 year old:

I think she just made me feel more normal, as far as with everything going on, just her talkin' to me. Of course, she's been in so many other domestic situations – or been exposed to so many other domestic situations I should say – that she reassured me that basically I was okay or things were gonna be okay.

3.2.3.2. Sharing commonalities. Although social workers are taught to be careful about self-disclosing, several parents described being able to trust their worker based on shared identities or common experiences:

She understands that it's kinda' hard to get my son to eat healthy foods because of the fact we don't eat healthy foods. We try to and he don't wanna eat his vegetables. I try and push him to eat his vegetables and he don't. She told me that her child does the same thing.

Another mother stated:

She's married, has kids and she could understand where I was coming from. Because, like I said, she's about my age, so she probably would wonder about those things too if she was ever involved in something like what I had to go through.

Self-disclosure needs to be used cautiously, but it may serve to humanize the CPS workers to parents who view them through negative stereotyped lenses.

3.2.3.3. Providing resources. When families had material needs they were grateful to CPS workers who provided resources or referrals. One mother who had been very frustrated with the CPS visit overall was able to express appreciation for a referral from her CPS worker to get food for her daughter: “She did help me with – let me know [about] WIC (Women, Infants, and Children) to get food, like jars of food.” Similarly a father was very grateful for a referral to a local church that had a used clothing ministry so that his kids could get clothes that would be the correct size. Brokering concrete services is an important facet of social work. Failure to provide concrete assistance or informing parents' about services available in their community can reinforce the negative stereotype of CPS workers as being uninterested in helping families and just there to remove children. One parent described his unsatisfactory experience with her CPS worker, who failed to tell him about some resources that could have been of use to his family (although he is quick to point out that they did not really need them):

No and actually and after it was all done, I was actually reading the paperwork and I didn't know that you could get assistance for things – it's not that we needed anything – it's just that he didn't tell us the stuff that was, it will be done, but I read it in the end and found out that there was stuff for people that do need help. He didn't explain that part of it.

4. Discussion

Engaging parents in child welfare services is challenging, and CPS workers who make the initial contact with parents have the especially

difficult job of engaging them when their fear is at its peak (Diorio, 1992). Most parents, even if they have never had any interaction with CPS, hold negative stereotypes of workers and what might happen during the assessment and intervention. The current results confirm previous findings that parents feel strong negative emotions of fear, anger or shame in response to a visit from a CPS worker. However, most of the parents in this study had overall positive feelings about their experience with CPS and about their CPS worker, indicating that the worker was able to overcome the immediate fear response and successfully engage the parent in the CPS assessment process. Successful engagement at the initial stages of CPS assessment can set the stage for more collaborative working relationships with parents during the later stages of CPS services.

Our findings bear a striking similarity to those from research on CPS service users' experiences in other countries, which have found that effective CPS workers develop a positive relationship with parents by extending warmth, accepting anger and defensiveness without judgment, understanding and responding to needs in flexible ways, and focusing on strengths (Gockel, Russell, & Harris, 2008). Many CPS worker skills mentioned in this study are similar to the "worker–consumer relationship competencies" listed in a study completed over 15 years ago, including workers' ability to "communicate effectively", "express an appropriate attitude", "give basic human respect" to clients, "remain calm", and "view the family with an open mind" (Drake, 1996). The current results are also very reminiscent of those described in a recent study of the helping relationship between young at-risk mothers and their home-visiting doulas (Humphries & Korfmacher, 2012), which stressed the importance of worker availability, positive interactions, trust, emotional closeness, and help and support. The similarity of these findings across studies involving the different types of worker–parent helping relationships suggests that there are a core set of relationship-building skills that can be effectively employed to engage parents even in non-voluntary contexts such as CPS.

While the findings related to worker communication skills and the provision of emotional and concrete support were similar to those found in prior studies and may be "common factors" to engagement across disciplines, results related to parent perceptions of worker competence are novel and may be unique to engaging parents in child protective services. The importance of worker competence may be related to the context in which the initial visit occurs; more often than not, CPS workers intervene in a family during a time of acute crisis. During a crisis, parents may place an increased value on believing their worker "knows what to do" to help them navigate through the crisis period. None of the parents in the current study had been involved in a CPS intervention before, so they may have also placed an increased value on their worker's expertise in guiding them through unknown territory.

The current study is the only recent qualitative study of engagement with parents involved in CPS in the United States and has important implications for child welfare policy and practice. However, the limitations of the sample and methodology should be kept in mind when contemplating the implications of the findings. Parents in this study were part of a larger evaluation of the effectiveness of CPS response to low-risk reports of maltreatment. More specifically, all of the parents eligible for participation had allegations of neglect; those with allegations of physical or sexual abuse were excluded. It is possible that different skills are required to engage parents with more serious allegations of maltreatment. In addition, the current sample consisted of parents with no prior formal contact with the child protection system, which may have excluded those with prior personal experiences with CPS who may be more difficult to engage. Finally, it may be that only parents who felt engaged agreed to be included in the study, and these parents might not be representatives of the majority involved with child protective services. Future research should seek to include additional types of families involved

with CPS that may be more difficult to engage to see if the current findings extend to more diverse samples.

Bearing these limitations in mind, the current findings have direct implications for CPS agencies that are struggling to find ways to engage families. The clearest implications involve training CPS workers to become more competent in the skills that enhance parent engagement. Although most of the practice skills described in our results will sound familiar to anyone with social work training, not all CPS workers have social work backgrounds, and many child protection agencies are revising their basic worker training to include modules that emphasize the development of engagement skills. The results of this study suggest that there are a set of easily teachable skills that can be incorporated into CPS trainings to improve parents' engagement. In addition to intervening at the worker level, the results of the study also suggest two ways that CPS agencies can alter practice at the community or organizational level that may have positive implications for parent engagement.

4.1. CPS worker training

Child protection workers must be proficient in numerous skills in order to be effective at their jobs. A review of CPS training modules suggests that the majority of pre-service worker training focuses on teaching workers the rules and procedures involved in conducting an investigation (or an assessment for those jurisdictions that have implemented alternative response systems). There is much information for new workers to learn about conducting safety, risk, and needs assessments, and collecting the additional information needed to determine whether children can remain safely in their homes and the types of services that may be needed to improve the family's well-being. The results suggest that engagement is also enhanced when CPS workers are competent and efficient at their job. However, the results also indicate that the manner in which assessments and other CPS activities are conducted is of paramount importance to parent engagement.

Many of the worker behaviors and skills that parents found most engaging – respecting parents' views and opinions, communicating honestly and openly about the CPS process, and exploring strengths as well as needs – are very similar to those described in "family-centered" or "empowerment" approaches to social work practice (e.g., Miley, O'Melia, & DuBois, 2010). Workers should be taught to signal compassion both verbally and by their behaviors. In order for this type of compassion to be present it is important for workers to have opportunities for self-reflection about their own backgrounds and expectations (Kriz et al., 2012). Parents appreciated workers who focused on the parents' strengths and pointed out normal or acceptable parenting standards, along with the areas of concern.

The results also indicate that it is also important for workers to learn to manage intense emotions – their own and other peoples. CPS work is very stressful and workers often face unknown and potentially dangerous situations. This is compounded by the strong emotional responses of parents during their initial involvement with CPS. Parents were better able to engage when workers remained a non-anxious presence and remained calm while letting the parents vent. CPS worker training can incorporate anxiety-reduction techniques such as relaxation techniques (focusing on reducing muscle tension), visualization and imagery, diaphragmatic breathing, stress inoculation (functional patterns of self-talk), and meditation.

4.2. CPS worker caseload

In addition to adequate training, CPS workers require an adequate amount of time to engage parents. Many of the specific behaviors mentioned by parents – being adequately prepared and organized at the first meeting, returning phone calls quickly, and following up quickly after the first meeting – become much less likely to occur as

workers' caseloads increase. Parents also felt more engaged when workers took an adequate amount of time during the assessment to explain the process, listen to them, express concern, and provide information and referrals to needed services. The *Child Welfare League of America* (1999) and the *Council on Accreditation* (2008) have both recommended in their standards that public agency CPS workers carry no more than 12 to 15 active cases a month per worker a month. Unfortunately, research with CPS workers suggests that their caseloads are far higher these recommendations (e.g., Gallagher et al., 2011), which limits their ability to spend the amount of time that it takes to engage with parents. CPS agencies hoping to increase parent engagement must start by lowering caseloads to acceptable levels so that workers have enough time to prepare prior to the visit, engage with parents during the visit, and follow-up with parents after the visit.

4.3. Community outreach and image management

Child protective services in the United States have an image problem. Although current reform efforts in many countries are attempting to change the public perception of CPS, recent studies have shown that these efforts have not been enough to diffuse the “negative and inevitably intimidating image of child protection workers as hostile, powerful, and to be avoided if possible” (Buckley et al., 2011, p. 104). These feelings were echoed in the current study; many of the parents held negative assumptions about CPS prior to their first interaction with their worker. They thought that CPS workers were only interested in snatching children away from their parents, and that only “bad parents” needed help from CPS. Although none of the parents in the current study had received a prior visit from CPS, they had preconceived ideas of CPS that resulted in strong negative emotional reactions to the first visit from their CPS worker. Very few had an accurate understanding of what occurred during a CPS assessment, or what the likely outcome would be.

Inaccurate beliefs about CPS likely come from a variety of sources, including the news media, popular media, and neighborhood lore. Sensationalized news stories focus on the most extreme and high-profile child welfare cases and often negatively portrays child welfare workers (Laliberte, Larson, & Johnson, 2011). CPS workers have been portrayed in the popular media as heartless bureaucrats who take children and focus on “red tape” rather than the trauma that they are causing (Laliberte et al., 2011). Even when media depicted the role of social worker as positive, the social workers were often portrayed as sad, disconnected, faceless, or ineffectively worrying in the confines of the bureaucracy. In order to counterbalance these negative portrayals, child welfare agencies should increase public awareness of what functions they actually perform for the community (Cooper, 2005). This can be done at a variety of levels. For example, some schools of social work teach students how to work with media in order to improve the public image of social workers (Laliberte et al., 2011). In time of crises, child welfare agencies need to give information to the media, so that victim or advocate messages are balanced by the official sources of information. Other media options could include advertisements or public service announcements that portray CPS in a more positive light.

4.4. Implications for future research on engagement in CPS

Despite an increased emphasis on engaging families, there is a troubling lack of clarity about what engagement is, how to measure it, and how it is related to outcomes of child welfare interventions. Few studies, especially in the U.S., have sought to capture parents' perspectives on the various aspects of their CPS experiences, including engagement with their workers. Although the current study is a step in the right direction, child welfare researchers need to place an increased emphasis on including parent perspectives in their evaluations of child welfare services.

Acknowledgments

This research was funded by the Illinois Department of Children and Family Services (IDCF), through a grant from the National Quality Improvement Center on Differential Response (QIC-DR), which is funded through the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The views or opinions expressed in this presentation do not necessarily represent those of the IDCF, the QIC-DR, or the Children's Bureau. The authors would like to thank Catherine Kurilla and Dr. Jesse Helton for assisting with the interviews and Tracy Vincent for her review of an early version of the manuscript.

References

- Altman, J. C. (2008). A study of engagement in neighborhood-based child welfare services. *Research on Social Work Practice*, 18, 555–564.
- Ayon, C., Asienberg, E., & Erera, P. (2010). Learning how to dance with the public child welfare system: Mexican parents' efforts to exercise their voice. *Journal of Public Child Welfare*, 4, 263–286.
- Brown, D. J. (2006). Working the system: Re-thinking the institutionally organized role of mothers and the reduction of “risk” in child protection work. *Social Problems*, 53, 352–370.
- Buckley, H., Carr, N., & Whelan, S. (2011). ‘Like walking on eggshells’: Service user views and expectations of the child protection system. *Child & Family Social Work*, 16, 101–110.
- Child Welfare League of America (1999). *CWLA standards of excellence for services for abused and neglected children and their families*. Washington, DC: Author.
- Cooper, L. D. (2005). Implications of media scrutiny for a child protection agency. *Journal of Sociology and Social Welfare*, 32, 107–121.
- Council on Accreditation (2008). *8th edition standards*. Available online at http://www.coastandards.org/p_guidelines.php
- Dale, P. (2004). ‘Like fish in a bowl’: Parents' perceptions of child protective services. *Child Abuse Review*, 13, 137–157.
- Darlington, Y., Healy, K., & Feeney, J. A. (2010). Challenges in implementing a participatory practice in child protection: A contingency approach. *Children and Youth Services Review*, 32, 1020–1027 <http://dx.doi.org/10.1016/j.childyouth.2010.03.030>.
- Daro, D., McCurdy, K., & Nelson, C. (2005). *Engagement and retention in voluntary new parent support programs: Final report*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.
- Diorio, W. D. (1992). Parental perceptions of the authority of public child welfare case-workers. *Families in Society*, 73, 222–235.
- Drake, B. (1996). Consumer and worker perceptions of key child welfare competencies. *Children and Youth Services Review*, 18, 261–279.
- Dumbrill, G. C. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect*, 30, 27–37 <http://dx.doi.org/10.1016/j.chiabu.2005.08.012>.
- Gallagher, M., Smith, M., Wosu, H., Stewart, J., Hunter, S., & Cree, V. E. (2011). Engaging with families in child protection: Lessons from practitioner research in Scotland. *Child Welfare*, 90, 117–134.
- Gockel, A., Russell, M., & Harris, B. (2008). Recreating family: Parents identify worker-client relationships as paramount in family preservation programs. *Child Welfare*, 87, 91–113.
- Harris, N. (2012). Assessment: When does it help and when does it hinder? Parents' experiences of the assessment process. *Child & Family Social Work*, 17, 180–191 <http://dx.doi.org/10.1111/j.1365-2206.2012.00836.x>.
- Humphries, M. L., & Korfmacher, J. (2012). The good, the bad, and the ambivalent: Quality of alliance in a support program for young mothers. *Infant Mental Health Journal*, 33, 22–33.
- Korfmacher, J., Green, B., Staerkel, F., Paterson, C., Cook, G., Roggman, L., et al. (2008). Parent involvement in early childhood home visiting. *Child & Youth Care Forum*, 37, 171–196.
- Kriz, K., Slyter, E., Iannicelli, A., & Lourie, J. (2012). Fear management: How child protection workers engage with non-citizen immigrant families. *Children and Youth Services Review*, 34, 316–323.
- Laliberte, T. L., Larson, A. M., & Johnson, N. J. (2011). Child welfare and media: Teaching students to be advocates. *Journal of Public Child Welfare*, 5, 200–212.
- Littell, J. (2001). Client participation and outcomes of intensive family preservation services. *Social Work Research*, 25, 103–113.
- Littell, J. H., Alexander, L. B., & Reynolds, W. W. (2001). Client participation: Central and under investigated elements of intervention. *The Social Service Review*, 75, 1–28.
- Lofland, J., & Lofland, L. H. (1995). *Analyzing social settings: A guide to qualitative observation and analysis*. Albany, NY: Wadsworth Publishing Company.
- Merkel-Holguin, L., Kaplan, C., & Kwak, A. (2006). *National study on differential response in child welfare*. Englewood, CO: American Humane Association and Child Welfare League of America.
- Miley, K. K., O'Melia, M., & DuBois, B. (2010). *Generalist social work practice: An empowerment approach* (6th ed.). Boston, MA: Pearson.
- Platt, D. (2012). Understanding parental engagement with child welfare services: An integrated model. *Child & Family Social Work*, 17, 138–148.
- Senate Report (2010). CAPTA Reauthorization Act of 2010, Report 111–378. <http://www.gpo.gov/fdsys/pkg/CRPT-111srpt378/pdf/CRPT-111srpt378.pdf>

- Spratt, T., & Callan, J. (2004). Parents' views on social work interventions in child welfare cases. *British Journal of Social Work*, 34, 199–224.
- Staudt, M. (2007). Treatment engagement with caregivers of at-risk children: Gaps in research and conceptualization. *Journal of Child and Family Studies*, 16, 183–196.
- Trotter, C. (2006). *Working with involuntary clients: A guide to practice*. London: Sage.
- Turney, D. (2012). A relationship-based approach to engaging involuntary clients: The contribution of recognition theory. *Child & Family Social Work*, 17, 149–159.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2011). *Child Maltreatment 2010*. Available from. http://www.acf.hhs.gov/programs/cb/stats_research/index.htm"|\"can"
- Williams, L. M., Kemp, A. H., Felmingham, K., Liddell, B., Palmer, D., & Bryant, R. A. (2007). Negativity biases to covert and overt signals of fear: Dissociation by trait anxiety and depression. *Journal of Cognitive Neuroscience*, 19, 1595–1608.