

# Engaging Families in Child Welfare Services: Successful Strategies and Promising Practices for Courts

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# Learning Objectives

*As a result of attending today's session participants will:*

- Understand the role power and authority play in engaging families
- Be familiar with the research on engaging families in child protective and child welfare services
- Learn about innovative and evidence-based practices in family group decision making and differential response

# What is power?

*Power may arise from the:*

Qualities of the person	<ul style="list-style-type: none"><li>■ Size</li><li>■ Charisma</li></ul>
Position	<ul style="list-style-type: none"><li>■ Judge</li><li>■ CPS Worker/Investigator</li><li>■ Supervisor</li></ul>
Situation	<ul style="list-style-type: none"><li>■ ER Tech treating the judge</li><li>■ Janitor cleaning your chambers</li></ul>
Relationship	<ul style="list-style-type: none"><li>■ Both parties influence the other</li></ul>

# “Power” vs. “Authority”

- Power is the ability to control others
- Authority is the right to do so

*“Authority is a right that legitimizes the use of power. It is the sanctioned use of power, the accepted and validated possession of power. Authority is the right to issue directives, exercise control, and require compliance. It is the right to determine the behavior of others and to make decisions that guide the actions of others.”*

# Sources of Power and Authority

## ■ Reward power

- ~ Capacity to control tangible rewards
- ~ Examples: unsupervised visitation approved for a parent; a supervisor gives you a raise

## ■ Coercive Power

- ~ Ability to use punishment to influence the behaviors of others
- ~ Examples: visitation is denied; supervisor assigns an undesirable work task

# Sources of Power and Authority

- Legitimate power

- ~ Comes from the official position held

- ~ A person who can influence because of position in a group or organization or because of his/her special responsibilities

- ~ Examples: Judges, Police Officers, Child Protective Investigators

# Sources of Power and Authority

## ■ Referential Power

- ~ Comes out of respect or liking the person and wanting to be liked in return
- ~ Others want to emulate him/her
- ~ Examples: charismatic leaders typically use this power to advance change that requires self-sacrifice and united action

# Sources of Power and Authority

## ■ Expert Power

- ~ A person with special knowledge or skill and is trustworthy
- ~ The more a person is seen as an expert, the more influential he or she is with others
- ~ Examples: CPI with specific skills for interviewing alleged victims of child sexual abuse



# Sources of Power and Authority

## ■ Informational Power

- ~ Others believe the person has useful knowledge not available elsewhere that will be useful in accomplishing a goal
- ~ “Knowledge is power”
- ~ Example: the colleague that has appeared before a judge and gives you the “scoop” on what they like or dislike

# Okay, so why is this important?

<b>Reward</b>	<b>Coercive</b>
<b>Legitimate</b>	<b>Referential</b>
<b>Expert</b>	<b>Informational</b>



**What factors impact a family's willingness to engage in non-voluntary child welfare services?**

# How is engagement defined?

Collaboration	Compliance
Agreement with and involvement in case planning and treatment	Cooperation with case worker and assigned task completion

# Barriers to Engagement

- Separation/loss
- Poverty-related stress
- Addictions/mental health
- Family stressors
- Social isolation
- Client status: stigma, marginality
- Cultural barriers
- Negative service experiences

# Factors Impacting Engagement

- Receptivity
  - ~ Openness to receiving help
  - ~ Recognition of the problems/circumstances that resulted in agency intervention and by a perceived need for help
- Expectancy
  - ~ Perception of benefit
  - ~ Sense of being helped or the expectation of receiving help through the agency's involvement
  - ~ Feeling that things are changing, or will change, for the better

# Factors Impacting Engagement

- Investment
  - ~ Commitment to the helping process
  - ~ Active participation in planning or services
  - ~ Goal ownership
  - ~ Initiative in seeing and utilizing help
- Working Relationship
  - ~ Interpersonal relationship with the worker
  - ~ A sense of reciprocity and good communication
- Mistrust
  - ~ Belief that the agency worker is manipulative, malicious or capricious, with intent to harm

# Strategies for Supporting Parent Engagement in Services

- Early/structured outreach to parents' identified needs and priorities
- Practical help
- Knowledge, skills and efficacy in navigating complex issues and systems
- Supportive, respectful and culturally relevant relationships with birthparent peer, foster parents and workers
- Consultation and inclusion in planning, decision-making and service provision
- Family-centered, culturally responsive practice



# Services Supporting Parent Engagement

- One-to-one casework
- Parent/child visitation
- Peer-to-peer programs
- Foster/birthparent mentoring
- Family conferencing
- Home-based services
- Treatment services
  - ~ Mental health (adult & child)
  - ~ Substance abuse
  - ~ Interpersonal violence

# Promising Practices

Differential  
Response  
(DR)

Family Group  
Decision-  
Making  
(FGDM)



# What is Differential Response?

- Reform that restructures CPS to offer a minimum of two responses to screened-in and accepted child abuse and neglect reports. A “family assessment” response pathway, compliments the existing investigation pathway. The family assessment pathway:
  - Seeks safety through family engagement and collaborative partnerships
  - Allows and encourages agencies to provide services without a formal determination of abuse/neglect
  - Sets aside fault finding and substantiation decision
  - Usually applied to reports that do not allege serious and imminent harm
  - Links families to services quicker

# Purposes of Differential Response and Child Protection



- CPS was established to respond to all reports of suspected child maltreatment, but numbers overwhelm available resources
- Systems either screen out or do not open for services more than half of reports, yet many children are vulnerable
- Traditional investigatory practice is often adversarial & alienates parents

# Why Implement Differential Response?

*“A lot of times the [family] situation calls for the formation of a healing relationship so the very act of going there in an investigatory mode impairs the ability [for workers] to form a meaningful relationship in which parents can be open, ask for and get help.”*

*Dr. Bruce Perry, M.D., Ph. D*

*Senior Fellow*

*Child Trauma Academy*

*[www.childtrauma.org](http://www.childtrauma.org)*

# Core Elements of Differential Response

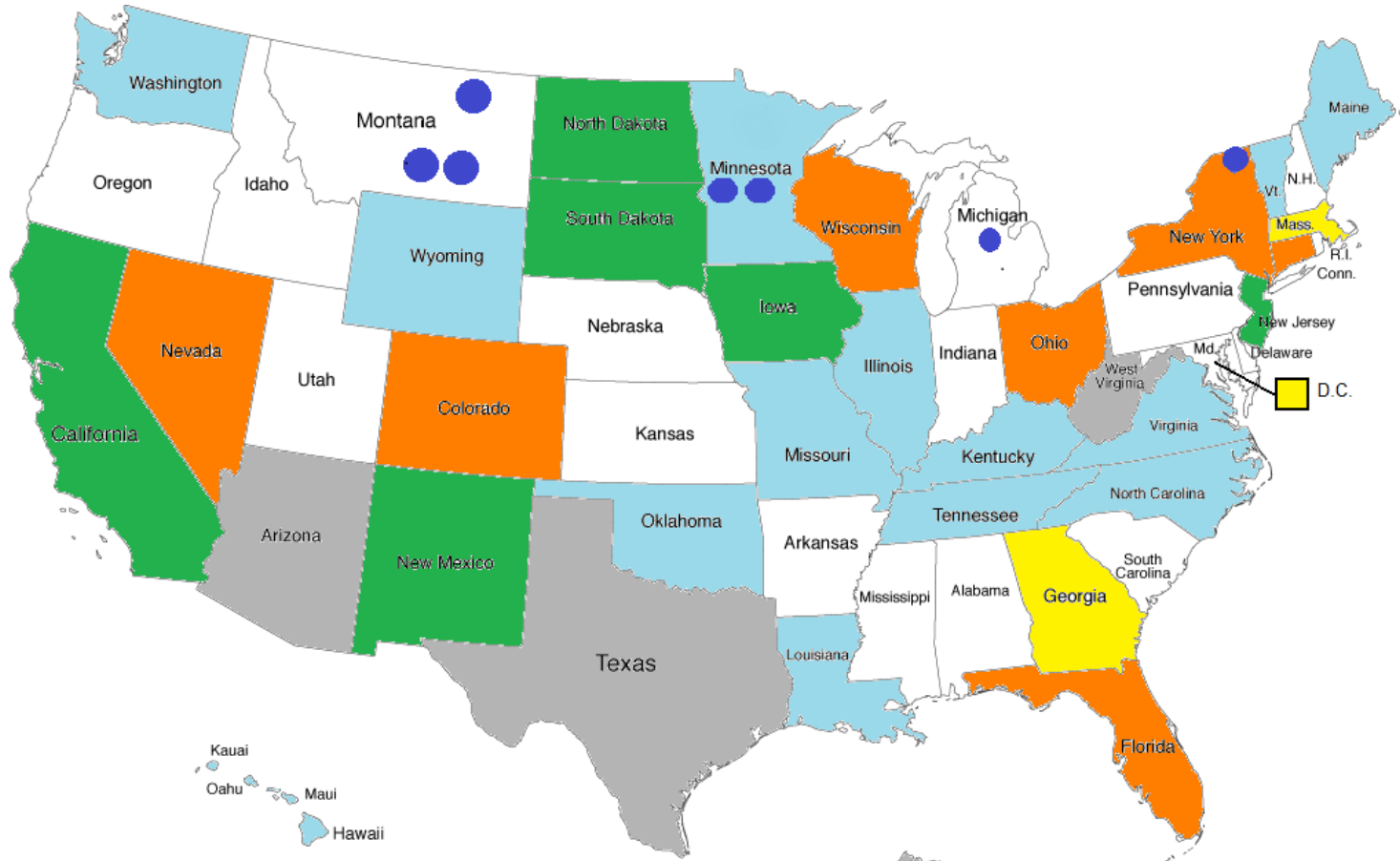
1. Use of two or more discrete responses to reports of maltreatment that are screened in & accepted
2. Assignment to response pathways determined by array of factors
3. Original response assignments can be changed
4. Ability of families who receive non-investigatory response to accept or refuse to participate in differential response or to choose investigatory response



# Core Elements of Differential Response



5. Establishment of discrete responses codified in statute, policy, protocols
6. After assessment, services are voluntary for families who receive non-investigatory response (as long as child safety is not compromised)
7. No substantiation of alleged maltreatment & services are offered without formal determination that child maltreatment occurred
8. Use of central registry is dependent upon type of response



- Statewide Implementation
- Regional/Local Pilot Site Implementation
- Discontinued DR
- Planning/Considering Implementation
- Tribal Planning and Implementation
- \* Implemented Other Innovative Response Systems

\*These states have implemented innovative responses to families that come to the attention of their child welfare system, but they do not meet the core criteria of differential response according to the QIC-DR.



# Differences between Differential Response and Investigatory Response



- Focus on establishing safety not blame
- Safety through engagement of family strengths & community resources
- Parent as partner using collaborative practices
- Non-judgmental, honest & attentive responses
- Child safety addressed within context of family well-being
- Services not surveillance

# Factors Determining Response

- ✓ Statutory limitations
- ✓ Each county or tribe can determine criteria
- ✓ Severity of allegation
- ✓ History of past reports
- ✓ Ability to assure safety of child
- ✓ Willingness & capacity of parents to participate in services



	Investigation	Family Assessment Response
Focus	Child safety, incident of abuse and neglect, future risk	Child safety, family functioning – strengths , needs and risk
Goal	Children determined to be safe, or are made safe; determine “findings” related to the allegations in the report; persons responsible identified; services may be put in place to reduce risk	Children determined to be safe; parents, extended family & community partners engaged in assessing strengths, needs & risk; families may participate in developing solutions & choosing services; families may receive supports that address family needs
Initiation	Talk with alleged victim first, unannounced visits	Talk with caregivers first, request permission to visit
Assessment	Caseworker gathers facts regarding allegation, safety & risk from child, family & collaterals; may or may not involve family in safety & risk assessment; children interviewed separately regarding presence of abuse or maltreatment; Case decision regarding allegations made with supervisor; Professionals as experts.	Caseworker and the family jointly assess child safety, family strengths, needs & risks; family involved in identifying collateral contacts who can assist with assessment; children participate in interviews with their parents regarding family strengths & needs; families as experts
Disposition	Substantiation & indication decision made	No substantiation or indication decision made; families identified as “in need of services & support”
Central Registry	Perpetrator’s names entered	No perpetrators identified
Services	If case is opened, service plan written (by professionals) and services are provided; families can be ordered by court to participate in services	Voluntary services offered; after assessment, families can choose to not participate; or, if sufficient safety concerns exist, case can be reassigned

# What do we know from evaluations done on Differential Response?

Let's take a closer look at the results from studies conducted in Missouri, Minnesota & Ohio



# Differential Response Evaluation

- Child safety not diminished
- Family engagement under DR
- CPS staff reacted positively
- Services to families and children increased and changed
- New CA/N reports and later placements of children reduced
- Short-term costs greater, long-term costs reduced

## *Missouri*

[began implementation 1995]



# Differential Response Evaluation

## *Minnesota*

(More than 10 years DR Experience)



- The approach to families (the protocol) under DR—family friendly, non-adversarial, participatory and voluntary—led to reduced levels of future reports, regardless of whether services were or were not offered to families.
- Subsequent removal and placement of children was reduced under DR

# Differential Response Evaluation

- No evidence was found that replacement of investigations by DR family assessments reduced the safety of the children. Children were as safe under DR as under traditional approaches.
- Major positive effects of DR on new reporting of child maltreatment have occurred among minority families.

## *Ohio*

[10 pilots launched July 1, 2008,  
10 additional counties October 2010]



# DR Evaluation: Family Satisfaction

## ■ Missouri:

- Families that received DR showed lower rates of hotline reports than those that received an Investigative Response.
- Cooperation of families improved when receiving DR.

## ■ Minnesota:

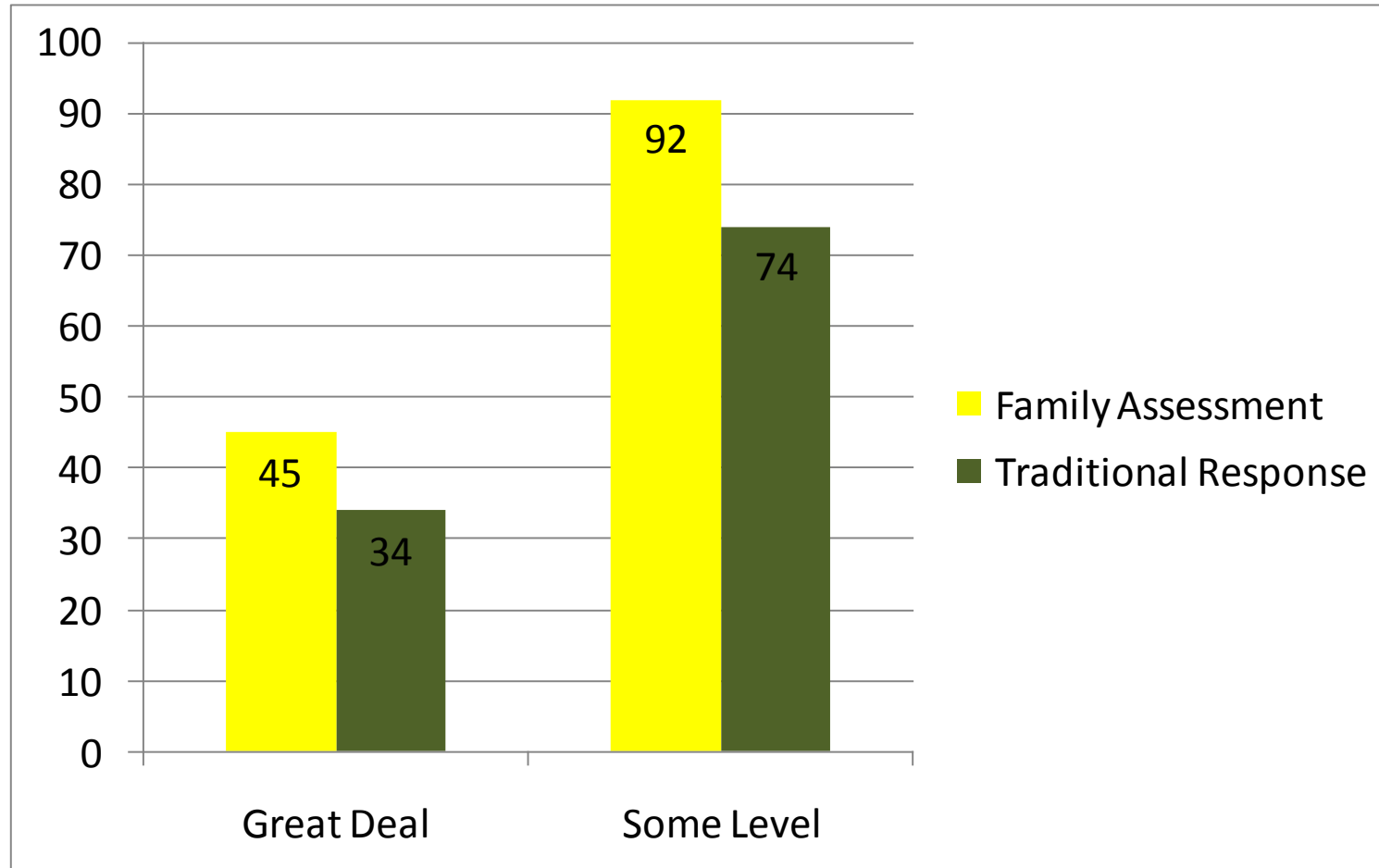
- When asked if parents felt more able to care for their children now than at the time of last contact, the percentage of experimental parents replied increased from 42% to 62%. The percentage of control parents responding in the positive decreased from 49% to 42%
- On an overall satisfaction scale of 1-24, families that received DR services scored 19.3 as compared to 17.4 for control families

## ■ Ohio:

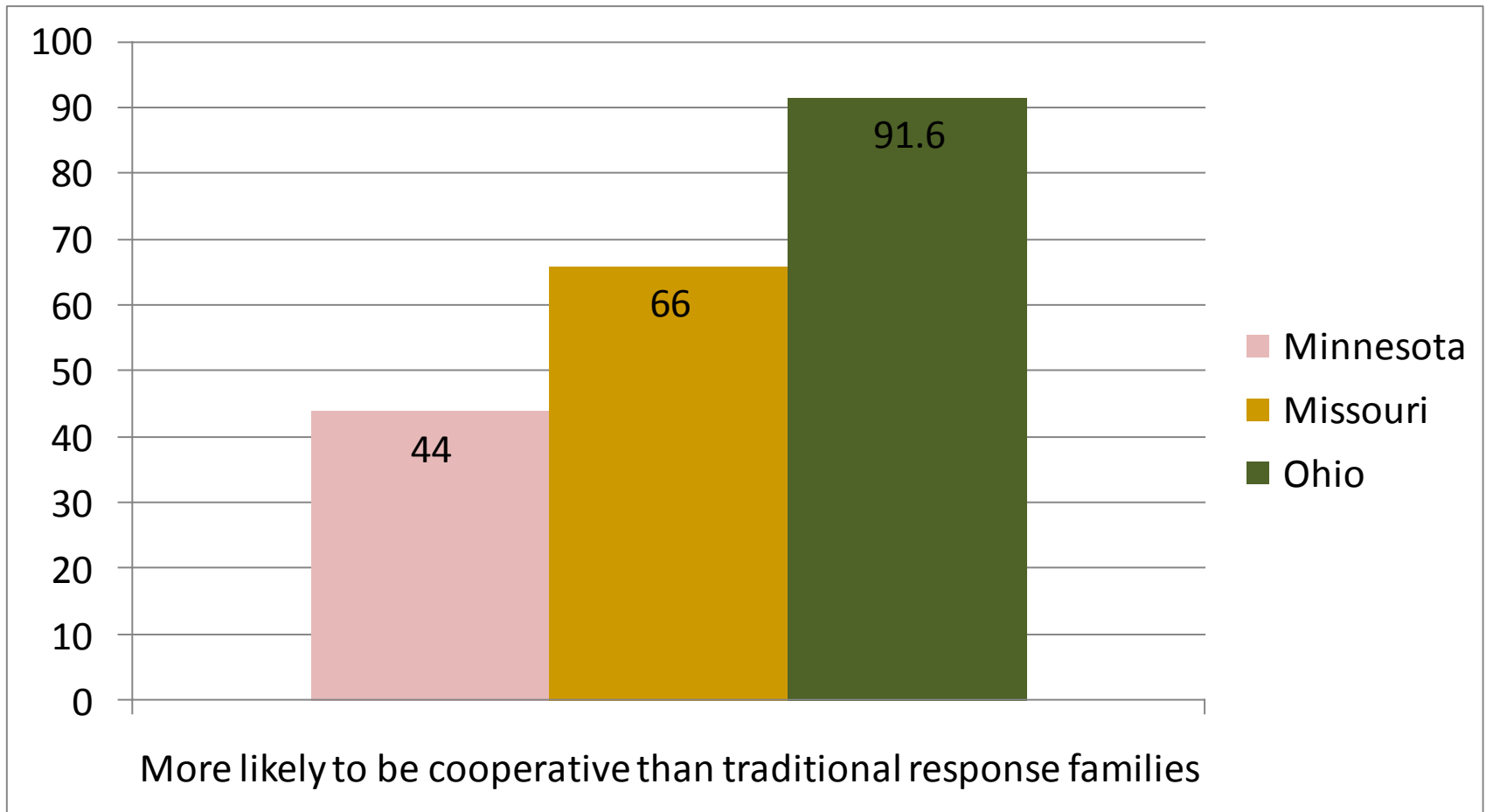
- Nearly half (47.5%) of the DR families said they were very satisfied with services received or offered, compared with 34.4% of control families
- In answering the question, “If you received some help or services, was it the kind you needed?” 56.2% of the experimental families answered affirmatively compared to 46.4% of control families



# DR Evaluation: Level of Involvement in Decision Making (MO)



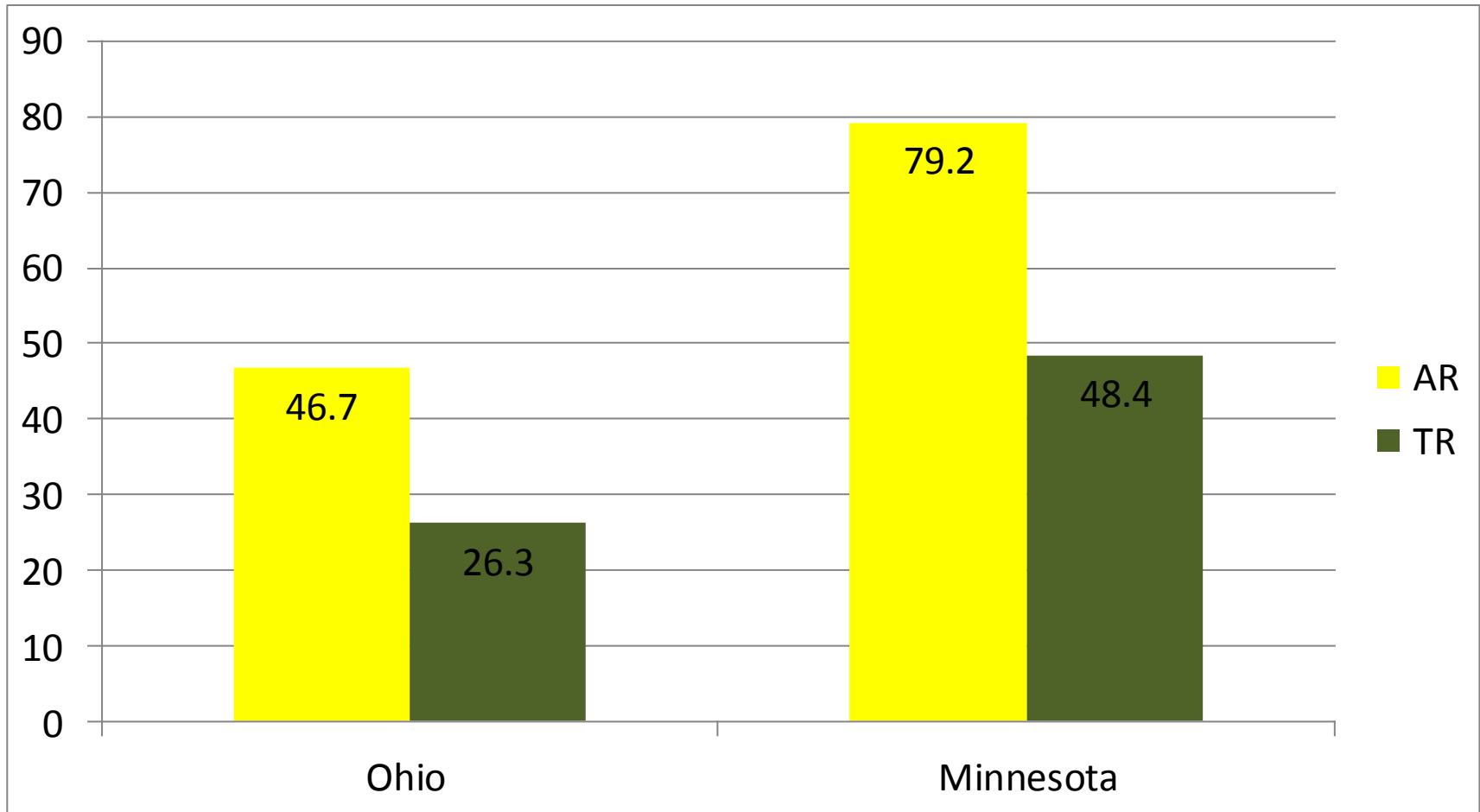
# DR Evaluation: Family Cooperativeness



# DR Evaluation: Services Provided

- **Missouri:**
  - Over 60% of supervisors and administrators said that DR had given their workers greater flexibility, had improved their effectiveness and increased the appropriateness of services provided to families and children
  - 45% thought children and/or families probably had been given services or assistance because of DR that they would not have otherwise received
- **Minnesota:**
  - Among families that received services, the mean number of services received was 1.6 for DR versus 0.9 for control families
- **Ohio:**
  - DR workers directly assisted with 83.3% of DR families for services in the category “help with rent or house payments” compared to 30.0% for traditional response workers
  - Similar differences were found for other related categories, such as basic household needs and emergency food

# DR Evaluation: Percentage of Families Receiving Concrete Services



# DR Evaluation:

## Child Abuse and Neglect Report Recurrence

### ■ Missouri

- 60.7% of demonstration families had a new FCS case opened during the five-year follow-up period compared to 75.7 % of comparison families

### ■ Minnesota

- 39.8% of control families had received one or more CPS report in the follow-up period vs. 37.5% of experimental families
- Researchers calculated the risk of child removal under investigation versus DR to be 28% higher, when controlling for length of time to follow-up and past CPS reports

### ■ Ohio

- Among families entering the study during the first 360 days, 13.3% of control families had a new report compared to 11.2% of experimental families

# DR Evaluation

## Subsequent Foster Care Placement/Home Removal

### ■ Missouri

- 28.2% of demonstration families had one or more children subsequently placed versus 25.7% of comparison families

### ■ Minnesota

- Researches calculated the relative risk of a child being placed out-of-home of the median follow-up period of 3.6 years as being twice as likely for control families

### ■ Ohio

- Within the control group 3.7% of children had been removed while 1.8% had been removed in the experimental group, a statistically significant difference

# DR Evaluation: Cost Analysis

## ■ Missouri

- A goal of the DR demonstration was to make it cost-neutral to the traditional system; thus, no additional funds were made available or tracked for implementation of the pilot

## ■ Minnesota

- Experimental average cost per family \$3,688 vs. \$4,968 for control families
- Total cost savings for DR is \$1,280 – or 35%

## ■ Ohio

- Combining direct and indirect costs for the entire period from initial report through the follow-up on each family, mean costs of \$1,325 were found for experimental cases under DR compared to \$1,233 for control families in traditional investigations

# What is the QIC-DR?

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# Purpose of QIC-DR Project

- Improve child welfare outcomes by implementing DR, and build cutting edge, innovative, and replicable knowledge about DR
- Enhance capacity at local level to improve outcomes for children and families identified for suspected abuse or neglect
- Provide guidance on best practices in differential response

# QIC-DR Phases

## **Phase I (October 2008 – September 2009)**

- Knowledge developed
- QIC products created
- Dissertation awards announced
- RFP for R&D sites announced



## **Phase II (October 2009 – September 2013)**

- Three Research and Demonstration sites (Colorado, Illinois and Ohio) funded and supported through training, technical assistance and guidance
- Support up to 4 dissertations (three are currently funded)
- Process, outcome, and impact evaluation of R&D sites
- Cross-site evaluation
- QIC products created and widely disseminated
- QIC webinars

# Research Questions

## Safety

- *Are children whose families participate in the non-investigation pathway as safe as or safer than children whose families participate in the investigation pathway?*

## DR Approach

- *How is the non-investigation pathway different from the investigation pathway in terms of family engagement, caseworker practice and services provided?*

## Cost

- *What are the cost and funding implications to the child protection agency of the implementation and maintenance of a Differential Response approach?*

# Family Group Decision Making

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# Family Group Decision Making (FGDM)

## What it is:

- An opportunity for the family group to gather all the needed information about the agency's concerns in order to make well-informed decisions.
- Family-driven decision making planning
- Family as the expert

## What is it not:

- Therapy
- Mediation or Conflict resolution process
- An opportunity for families to come together to hear agency professionals' solutions

# The Origins of Family Involvement in Decision Making

## Family Group Conference (New Zealand, 1989)

- Address disproportionality.
- Indigenous origins.
- Change oppressive casework practice.
- Family is its own best expert.



# Why FGDM... More Important than How

- Children have a right to maintain their kinship and cultural connections;
- Children and their parents belong to a wider family system;
- The family group, rather than the agency, is the context for child welfare and child protection resolutions;
- All families are entitled to the respect of the state;
- The state has a responsibility to recognize, support and build the family group's capacity to protect and care for their young relatives;
- Family groups know their own histories, and they use that information to construct thorough plans;
- Active family group participation and leadership is essential for good outcomes for children, but power imbalances between family groups and child protection agency personnel must first be addressed; and
- The state has a responsibility to defend family groups from unnecessary intrusion and to promote their growth and strength.

American Humane Association (2008)

# Five Core Elements of FGDM

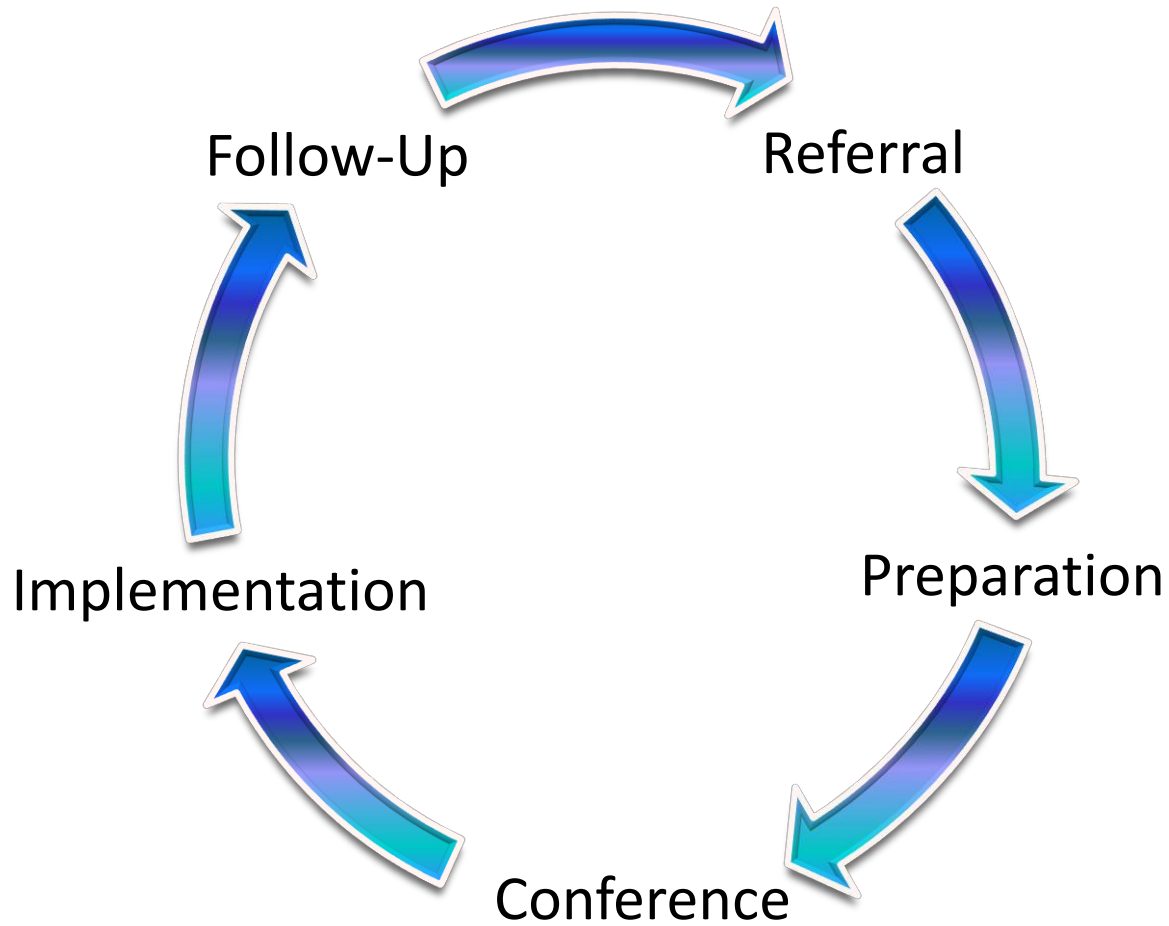


1. An independent Coordinator;
2. Family group as key decision making partner—resources put towards finding and preparing;
3. Private family time;
4. When plan meets agency concerns, preference to family plan;
5. Services and resources available to meet agreed upon plans.





# The FGDM Process



# The Conference:

Tradition or Ceremony?

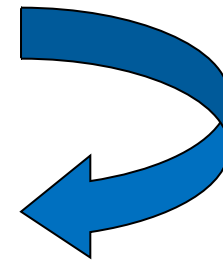
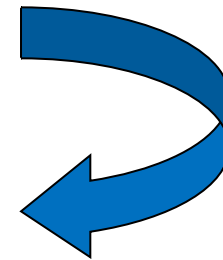
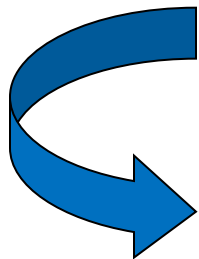
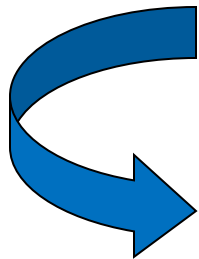
Introductions

Information Sharing

Private Family Time

Plan Presentation and  
Acceptance

Follow-up



# What are the International Findings on FGC Process?

- Family members come when invited even though it can be stressful.
- No violence, or very rarely occurs.
- Balance in number of family members and professionals is needed.
- Families develop plans that are seen to be safe.
- FGCs blend requests for formal services with family delivered supports.
- Family plans are rich, diverse, and original.
- Family members are satisfied with process.
- Family members perceive they have considerable voice and decision-making authority in FGC.

# What are the International Findings on FGC Process?

- Children's involvement and participation varies.
- FGCs increase involvement of fathers and paternal relatives.
- Social workers and service providers are satisfied with the process.
- Social worker rates of referral fluctuate.
- Referral processes need further review.
- FGC democratizes decision-making.
- Cost neutral or savings.



# What are the International Outcome Findings?



- Compares favorably in providing child safety.
- Creates stability for children
- Provides timely decisions and results.
- Keeps siblings and families together.
- Increases family supports and helps family functioning
- Reduces family violence.
- Promotes child and family well-being.

# Resource Web Sites

- National Quality Improvement Center on Differential Response: [www.differentialresponseqic.org](http://www.differentialresponseqic.org)
- National Center on Family Group Decision Making: [www.fgdm.org](http://www.fgdm.org)
- American Humane Association: [www.americanhumane.org](http://www.americanhumane.org)
- Children and Family Research Center at the University of Illinois at Urbana-Champaign: [www.cfrc.illinois.edu](http://www.cfrc.illinois.edu)

**ANY QUESTIONS?**





# Presenter Contact Information

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