

# Strength-based practice and parental engagement in child welfare services: An empirical examination



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## ABSTRACT

Child welfare policy and practice increasingly emphasize the use of strength-based practice in concert with efforts to reduce identified risks to child safety. Compared with strategies for assessing risk, however, strength-based child welfare interventions lack a robust empirical foundation. Using data from a linked sample of primary caregivers ( $n = 679$ ) and child welfare caseworkers ( $n = 327$ ), the present study used path analysis to examine the relationship between parent report of workers' use of strength-based practice and parent investment in child welfare services. The study also examined the role of worker characteristics, organizational factors, child placement status, and parent risk factors. As hypothesized, parents' perceptions regarding their workers' use of strength-based practices robustly predicted their buy-in to services. Furthermore, those parents with a child in out-of-home placement, compared to those receiving in-home services, were less likely to perceive their worker as strength-based or to engage in services. The only significant organizational variable was workers' positive challenge, directly influencing strength-based practices and indirectly affecting parent engagement. Further, parents who reported using substances and those experiencing more economic hardship were more likely to buy-in to services. The findings provide empirical support for the link between parents' willingness to engage in services and the use of strength-based interventions, and contribute to current discussions regarding the appropriate balance between reducing risks to child safety and strengthening family capacities.

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## 1. Introduction

Efforts to mitigate threats to child safety and well-being in the lives of vulnerable families are necessarily a central focus of child welfare practice. Yet risk factors such as substance abuse, poor mental health, domestic violence, housing instability, and economic hardship do not stand alone. Rather, they are deeply entangled not only with each other but with other dimensions of family experience. Factors such as the involuntary, stigmatizing nature of child welfare involvement (Sykes, 2011) and the economic and racial marginalization experienced by many of these families (Roberts, 2007) complicate worker–parent interactions, masking parent and family capabilities and contributing to unacceptably high rates of attrition from services (Damashek, Doughty, Ware, & Silovsky, 2011). Responding to growing evidence that attention to these issues is essential to achieving positive outcomes for children and families, child welfare policy and practice frameworks increasingly emphasize the use of family-centered, strength-based practice in concert with efforts to reduce identified risks to child safety (Department of Education, 2011; Kyte, Trocmé, & Chamberland, 2013).

Strength-based practice encompasses a range of attributes, including an empowerment orientation that builds on parents' competencies, emphasizes the development of supportive, collaborative relationships between workers and clients, is optimistic that families have the capacity for change, and aims to enhance family self-sufficiency (see e.g., Green, McAllister, & Tarte, 2004; Lietz, 2011; Saint-Jacques, Turcotte, & Pouliot, 2009). In the United States, strength-based practices are widely embedded in child welfare practice, including in the comprehensive practice models adopted by a number of states (e.g., Family-Centered Practice) (Florida Department of Children & Families [DCF], 2010) and solution-based casework (Christensen, Todahl, & Barrett, 1999).

Given legal mandates, public expectations, and the extent to which risk management is embedded in contemporary child welfare policy and practice, finding an appropriate balance between reducing risks to child safety and strengthening family capacities is not easily done. Despite widespread promotion of family-centered and strength-based practice, recent studies reveal a mixed picture in terms of implementation (Lietz, 2011; Michalopoulos, Haksoo, Shaw, & O'Connor, 2012). To some extent this is not surprising given the complex roles child welfare workers straddle and the inevitable challenges inherent in large-scale system change. However, consistent implementation of strength-based practices is likely also hampered by gaps in the knowledge base supporting their use; compared with strategies for assessing and

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mitigating risk, strength-based interventions are neither well specified nor robustly grounded in relevant research evidence (Staudt, Howard, & Drake, 2001). Particularly needed are efforts to better understand whether and how strength-based practices influence short-term (e.g., engagement with workers), intermediate (e.g., participation and retention in services), and longer-term (permanency) child welfare outcomes.

This paper focuses on one component of this larger imperative: the influence of workers' use of strength-based practices, as reported by parents, on parental investment in services, while accounting for parent, worker and organizational characteristics and child placement status. As evidence accrues on the central importance of active participation in services to improved outcomes for caregivers and their children (Gopalan et al., 2010; Ingoldsby, 2010; Kemp, Marcenko, Hoagwood, & Vesneski, 2009; King, Currie, & Peterson, 2012), strategies for enhancing engagement are increasingly emphasized in child welfare practice frameworks. In the solution based casework (SBC) model (Christensen et al., 1999), for example, it is expected that if clients are more engaged in the case planning process, they will be more cooperative with the plan, resulting in greater likelihood of improved child and family outcomes. Solution-focused skills are thus used to identify family strengths and to build on these for successful completion of the case plan.

Embedded in these models is the assumption that strength-based practices enhance caregiver engagement. Preliminary studies of SBC (e.g., Antle, Barbee, Christensen, & Martin, 2008; Martin, Barbee, Antle, Sar, & Hanna, 2002) provide some support for this assumption, as do studies of parent and worker experiences. No child welfare studies, however, have systematically examined this key interventive hypothesis. Addressing this gap in the literature, the present study used path analysis to explore the relationship between family-centered practice and parent engagement, focusing in particular on the relationships among organizational, worker, and parent factors, parents' perceptions of workers' use of strength-based strategies, and parents' investment in services. Study data were drawn from the evaluation of Washington State's implementation of solution-based casework (SBC). Since the data are from the base-line phase of the study, they reflect practice in the state's child welfare system prior to worker training in SBC.

In the section below, we lay out the conceptual and empirical foundations of the study model. We then present the study methods and findings. The paper closes with discussion of the implications of the study for practice and further research.

## 2. Conceptual model

The conceptual model examined in this study (see Fig. 1) hypothesizes that parent report of child welfare workers' use of strength-based strategies is influenced by worker characteristics and organizational factors. Parent engagement, in turn, is hypothesized to depend not only on worker's use of strength-based practices, but also on

caregivers' individual features, including their demographic characteristics, the level of hardship they face, and the presence of risk factors such as substance abuse and mental health issues. Since both worker use of strength-based practice and parent engagement can vary by whether the family is receiving in-home child welfare services or children being in out-of-home placement, we control for placement status in the analysis. The sections below summarize literature pertaining to the key domains in the model.

### 2.1. "Buy-in" as a core component of engagement

In child welfare practice, engagement is frequently treated as a unitary phenomenon: parents are assessed as more or less engaged in services. However, conceptual and empirical work on engagement suggests that the larger construct incorporates two linked but separable dimensions: behavioral engagement and attitudinal engagement (Staudt, 2007; Yatchmenoff, 2005). Behavioral engagement is typically measured by indicators such as attendance, participation and persistence in services, and completion of homework and other tasks. Attitudinal engagement, in contrast, focuses on the extent to which clients both invest in treatment and expect to benefit from it (Staudt, 2007). In her foundational research on parent engagement in child welfare services, Yatchmenoff (2005) termed this combination of investment and positive expectation *buy-in*. Staudt (2007) later described buy-in as the "heart of engagement" (p. 189): insufficient in itself, but a necessary precursor to active, sustained behavioral engagement in services and thus meaningful change (see also King et al., 2012).

Differentiating between buy-in and behavioral engagement is particularly important in the context of child protective services. Evidence suggests that the courts, child welfare social workers, and thus parents themselves tend to be preoccupied with objective indicators of engagement such as attendance and program completion (Smith, 2008; see also Atkinson & Butler, 1996; Littell, 2001). In a study of compliance with service plans among birth parents with open child welfare cases, for example, Smith (2008) found that parents who failed to demonstrate compliance in behavioral terms – by regularly attending scheduled services or keeping appointments, for example – were likely to be negatively evaluated. Non-compliance, in turn, frequently becomes a red flag in court proceedings (Atkinson & Butler, 1996), with significant implications for permanency outcomes (Jellinek et al., 1992).

Yet significant emotional and attitudinal as well as practical barriers lie between child welfare-involved parents and successful use of needed services. Given its involuntary, stigmatizing nature, child welfare involvement is invariably highly stressful (Buckley, Carr, & Whelan, 2011). Furthermore, personal, family, and community experiences of poverty, social exclusion, and discrimination precondition many caregivers to mistrust services (Forrester, McCambridge, Waissbein, & Rollnick, 2008; Schreiber, Fuller, & Pacey, 2013), and to have little hope that

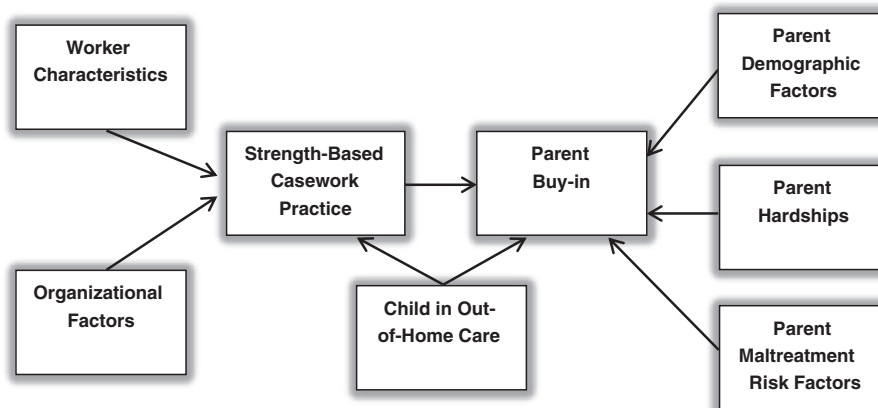


Fig. 1. Hypothesized engagement model.

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