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LOMA LINDA UNIVERSITY
School of Science and Technology
in conjunction with the
Faculty of Graduate Studies

Early Engagement of Parents Involved in Child Welfare

by

Aggie Jenkins

A Dissertation submitted in partial satisfaction of
the requirements for the degree of
Doctor of Philosophy in Social Policy and Social Research

June 2011

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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ABSTRACT OF THE DISSERTATION

Early Engagement of Parents Involved in Child Welfare

by

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Doctor of Philosophy, Graduate Program in Social Policy and Social Research
Loma Linda University, June 2011
Dr. Sigrid James, Chairperson

Each year, child welfare agencies receive over three million referrals on children alleged to be victims of child abuse or neglect. When the state exercises its societal right to remove a child from his or her family, the primary goal is to reunify that child as soon as the involved institutions reach agreement on the child's safety. In such cases, a child's parent must demonstrate that he or she can provide for the child in a safe environment (Malm, Bess, Leos-Urbel, Geen & Markowitz, 2001). Parents many times fail to understand the importance of the federally mandated timelines within which they must complete a plan for the child (ASFA, 2002). The process of engaging these parents is therefore of utmost import.

Studies concentrated in the fields of mental health, health and education have shown the importance of engaging clients. Very few studies have examined the impact of client engagement in the child welfare arena. The vast majority of the parents involved with the child welfare system are involuntary clients and engaging them in the court ordered process can be problematic.

This study examined the impact of early engagement of parents involved in the child welfare system on the likelihood of reunification with their child. Engagement was viewed as a multidimensional construct comprised of the initial level of parental

engagement and the number of child welfare contacts. It used a cross sectional design with short term follow-up to collect data from 150 parents who had a child removed. The survey data were matched to an administrative data extract which contained salient child and parent factors that have been found to be related to reunification. Data were analyzed using logistic regression to determine if the parent's engagement increased the odds of reunification after controlling for the child and parent characteristics.

The results from this study found that while the parent's initial level of engagement was a marginally significant predictor of the likelihood for reunification, the number of child welfare contacts were not. Assessing the initial level of parent engagement and then providing supportive services to strengthen that engagement will assist the families in reunification.

CHAPTER ONE

INTRODUCTION

Each day child welfare workers in the United States remove over 850 children from the care and custody of their parents because of allegations of abuse or neglect (US DHHS, 2008). The child welfare system is charged with protecting children and preserving families. Once a child is removed from his or her family, the child welfare system works to develop a case plan to address the concerns that would lead to a permanent and safe placement for the child, with reunification being the preferred permanency option. The median stay of children in out-of-home care has remained relatively constant over the past several years with children spending an average of 14 months. Yet just over half of the children return to their families (CDSS, 2008). Acknowledging that not all children can be safely returned to the parent, a key question is how can the number of children that are reunified with their families be increased?

In order to address that question, we need to understand child maltreatment within its socio-cultural context. The majority of child welfare cases are more complex than the extreme cases reported in the media, and resolution to those cases is not simple. Society vacillates between condemning child welfare for not attending to the victimized child sooner and condemning workers for violating the parents' constitutional right to raise their children unfettered by the government (Janko, 1994). Stories regularly appear about children languishing in foster care for years with little apparent effort for child welfare to reunify them with their families.

Would engaging the parent in the process at the earliest possible time increase the number of children reunified with their family? With federal requirements pressing for

permanent, safe placements for victims of child maltreatment, the shortened timelines for family reunification can be problematic for parents with issues not easily addressed within six months (Leathers, 2002). In other fields, engagement efforts have been found to increase successful outcomes (Little & Tajima, 2000; McKay, Stowe, McCadam & Gonzales, 1998; Nock & Kazdin, 2005). Few engagement studies have focused on child welfare, but engagement is recognized as a vital component in child welfare services (Dawson & Berry, 2002; Yatchmenoff, 2005). It is believed that child welfare agencies must know how to engage families in reunification efforts at the earliest opportunity in order to reduce the amount of time children spend in foster care.

This study highlighted the concern of child abuse and neglect, reviewed the related literature and investigated the relationship between the construct of engagement and other salient child and parent level covariates, and reunification of the family.

Statement of the Problem of Child Maltreatment

The court, law enforcement, child protection agencies and public social services are charged with addressing the issue of child maltreatment, yet there is a lack of consensus as to the definition of child abuse and neglect (Besharov, 1990). For the purposes of this study, the child welfare system was considered the institution commonly referred to as Child Protective Services and the definitions of maltreatment used were those found in California statute. This section identifies the scope of the problem and describes how child maltreatment is operationalized between the child welfare institutions.

Scope of the Problem

A daily reading of news articles and media magazines alerts Americans to the epidemic of child abuse. Each year, child welfare agencies receive well over 3.3 million calls regarding approximately six (6) million children alleging some form of child maltreatment. During the federal fiscal year 2009, child welfare social workers investigated the allegations on 3 million children and substantiated over 22% of those allegations. That means social workers found evidence of child abuse or neglect occurring to around 2,000 children each day of the year. Of those claims substantiated each day, about 469 children were removed from the care and custody of their parents, well over 167,000 children each year. Nearly one million children are currently declared by the court to be dependents of the government (US DHHS, 2010). Of those children, just over 54% return to their family (UC Berkeley, 2010). In the state of California, these figures are especially impactful as the state has almost 20 percent of the American children placed in foster care (CDSS, 2010).

Further complicating the process of protecting children and investigating reported abuse and neglect comes from the multiple operational definitions of child maltreatment and often conflicting requirements across the systems involved with child abuse and neglect. The state of California has over 65,000 children in out of home care (CDSS, 2010). Many of these children who are detained due to abuse and neglect also have mental health issues, have lapses in their educational program, or have broken the law and thereby may be involved with multiple systems within a county. The resultant requirements for each system may be difficult for the parent to sort through and each have consequences for non-compliance (Glisson & Hemmelgarn, 1998). Currently,

fewer than half of the dependent children return home within the federal maximum twelve-month timeline, which underscores the importance of engaging the parents early in the process (Zeller & Gamble, 2007).

Definition of Child Maltreatment

Child maltreatment is an umbrella concept that includes the variety of ways that a child can be abused or neglected (Kadushin & Martin, 1988). Responding to the issue of child abuse and neglect falls under the authority of the child welfare system when the maltreatment occurs within the family. Child maltreatment is a social construction of the perceived deviation of appropriate parenting behaviors (Fass & Mason, 2000; Janko, 1994) with parenting appropriateness or inappropriateness predicated upon societal values (Garbarino, 1990; Levin, 1992). The institutions created to address child maltreatment do not share a common definition of child abuse or neglect. Each state defines child maltreatment differently under the broad federal criteria (Zeller & Gamble, 2007). Even within a single state, a broad definition of child abuse and neglect can be implemented differently. The State of California child protection system is a county-administered organization with state supervision. That means 58 counties implementing federal, state and local policies and mandates for their individual county child welfare program (CDSS, 2008; Frame, Berrick & Coakley, 2006). As Besharov notes: “A lack of social consensus over what constitutes danger to children, uncertainty about defining ...maltreatment based on adult characteristics, ...conflict over what standards of endangerment should be used, ...confusion over the multiple purposes (of such a definition), variations of age definitions” are among the more problematic considerations

in addressing the problem of child abuse and neglect (1990, p.55-56). Since the definitions of child maltreatment are socially constructed and change through time and circumstance, each institution views child abuse and neglect within the context of their own constructs (Besharov, 1990; Janko, 1994; Martin, 2002). A working definition of child maltreatment broadly focuses on the general categories of abuse and neglect. Abuse is further identified as physical abuse, sexual abuse, and emotional abuse, while neglect categories include severe neglect and general neglect.

Child welfare social workers receive training in how to identify abuse and look for indicators that fit within the following broad definitions. Physical abuse is identified as the willful harming or injuring of a child. Sexual abuse, including sexual exploitation, has been codified as the forced or manipulated contact between a child and an older person for the express sexual gratification of the older person. Emotional abuse generally requires evidence of a severe change in a child's behaviors or unusual behaviors in a child not accounted for by another condition (CA PC 11165 – 11166; Kirst-Ashman & Hull, 1999).

Social workers have more of a challenge to articulate evidence of neglect as the legal criteria are even more broadly identified than for physical abuse. Neglect includes both acts and omissions of care that threaten harm to the child's health, safety or well being. Severe neglect is the failure to provide basic necessities such as adequate food and medical treatment to the point where the child is endangered. General neglect is the failure to provide food, shelter, medical care and supervision but no direct harm has occurred (CA PC 11165 – 11166; Kirst-Ashman & Hull, 1999).

These expansive definitions guide the work of child welfare which has been put into place to step in and protect a child deemed in danger from his or her family. How child abuse and neglect have been viewed changes over time and with changes in society (Besharov, 1990; Janko, 1994; Martin, 2002). Since the 1960s, child maltreatment has been viewed as a deviation from socially constructed norms and has led to the creation of the child welfare system.

Child Welfare

Anyone can call a child welfare organization to report a suspicion of child abuse or neglect. A child welfare social worker then investigates those referrals to look for evidence to support or dismiss the claim of harm to a child (deMause, 1974). A parent endangering the child has become an anathema over the last fifty years. The role of children and of proper child rearing has changed through American history (Brown, 2006).

Accepted ideas of how to parent have varied widely through the centuries. The child has been viewed variously as property, cherished heirs or largely ignored, and history has recorded many instances of cruelty towards children and societal indifference to children (deMause, 1974). How we reconcile these views demonstrates the values the larger society shares and can be a measure of the health of a society (Liederman, 1995). This section describes the role of the child in society, outlines the societal understanding of child abuse and neglect, offers an historical overview of child welfare, and provides a contextual summary of the child welfare systems.

Role of Child in American Society

Through most of civilization, children were considered more in economic terms than as developing individuals (Bloom, 1993; deMause, 1974; Fass & Mason, 2000). Adults often brutalized children in an attempt to have them conform to societal norms or to meet the needs of the family (deMause, 1974). Early constructions of “child” include *patria postestas*, a Greco-Roman precept that considered a child the property of the parent. The father could do as he wished to the child, including torturing or killing. In American society’s early era, the traditional view of self-sufficiency reinforced the biblical mandate that family takes care of family, leaving the church then to take care of those without a family (deMause, 1974; Fass & Mason, 2000). The family was an isolated unit that governed its members without interference from those outside. The child was to contribute to the family as the parent saw fit, a value immigrants brought with them to America from Europe, Latin America and Asia (Fass & Mason, 2000; Levine, 1992). In the nineteenth century, newly immigrated families saw their children removed from them due to the societal perception that poverty made them unfit parents (Levin, 1992). These families also expected the children to help contribute economically to the well being of the family. Employers valued children since they did not warrant the same pay or concern as an adult. After the Industrial Revolution, society was less dependent upon child labor and the new era of childhood began to bloom (Fass & Mason, 2000).

As children came to be viewed separately from their economic contribution, societal norms for parental behaviors in raising children changed. The first laws regarding child maltreatment focused on parenting deficits rather than child protection

(Janko, 1994). Parents who failed to have high moral standards could have their child removed (Giovannoni, 1989), and parental characteristics, such as poverty, were viewed as personal failings that contributed to child abuse and neglect (Janko, 1994; Levin, 1992). Society intervened in the family for the good of the children. A woman that was oppressed by a man needed the state's assistance to have him removed so that she could focus on the care and welfare of her children (Scourfield, 2006). The child in American society came to be viewed as not only an economic resource but also a future representation of society itself, which has made the protection of children a major concern.

American society has now identified childhood as a separate, unique stage of development that should be protected in order to allow the individual to grow and benefit society. Society's understanding of child maltreatment is framed by its understanding of the role of children in that society and in light of the implementation of legislation and regulations concerning child abuse and neglect made on its behalf (Janko, 1994).

Historical Development of Child Welfare

The historical development of child welfare as a formal institutional response came into being when the child was viewed as a separate component in the family and the family was seen as not providing a safe environment for the child (Scourfield, 2006). Society came to see children as victims suffering from maltreatment inflicted by deviant adults, which the media continued to exaggerate and perpetuate, leading to a demand from the public for action (Janko, 1994; Kincaid, 1998). Child welfare institutions were developed in response to this social requirement and thereby have social legitimacy

(Cummings & Doh in Maidment, 2002; Martin & Glisson, 1989). These institutions are mandated to provide services to address the normative needs of society and to bring the family back into line (Ginsberg, 1999). These same institutions may have opposing views of the role that the parent played in that abuse. The parent might be viewed by those in child welfare as a victim of societal circumstances and in need of help. The justice system views the perpetrating parent as a criminal that society mandates be punished (Schorr, 1997).

In the late-1800s, child labor laws became a way for society to protect the safety of the child while ensuring employment for the adults (deMause, 1974). This legal protection forbidding children in the workplace shifted society's concept of childhood from that of a laborer to a stage where a child was to be protected and nurtured. While early child labor laws were ultimately declared unconstitutional, real progress in child protection was made after the creation of the Children's Bureau in 1912 (Ginsberg, 1999). The Children's Bureau's efforts demonstrated a shift in society's concept of child safety and well being. Prior to the publication of *The Battered Child Syndrome*, family privacy superseded any concern for how children were raised (Kempe, Silverman, Steele, Droegemueller & Silver, 1962). Through the description of non-accidental childhood injuries in this book, Dr. Kempe and his colleagues brought the issue of child maltreatment to public attention. Family privacy was now felt to be subordinate to society's right to protect its most vulnerable population. New laws were enacted due to America's reaction and the recognized need to protect the innocent victims of family trespasses of the new societal norms (Ginsberg, 1999). Re-energized by Kempe's writings, the primary legislation that governs the child welfare system, the Child Abuse

Prevention and Treatment Act (CAPTA) of 1974 was passed (Liederman, 1995). If a doctor suspected the injuries to a child he or she was treating were non-accidental, the doctor was now mandated by law to report those suspicions to authorities. As an increasing number of reports began to come in due to the broader scope of responsibility to report, institutions had to be developed to formally receive and address those reports. The federal CAPTA legislation required each state to legislate broad definitions of child abuse and severe neglect (Besharov, 1990). Children found to be abused or neglected were removed from families that could not keep them safe and placed into mostly unregulated facilities and then seemingly forgotten (Frame et al., 2006; Ginsberg, 1999).

In the 1980s, public outcry about the forgotten children predicated a slow shift from a strictly child protection approach to a focus on the preservation of the family. Unfortunately for many children, it was family preservation at all cost, even the cost of the child's life (Ginsberg, 1999; Schorr, 1997). Child deaths at the hands of their families again spurred a demand for action to protect the child. The child welfare system was perceived as broken; then, in the late 1990s, a compromise of time-limited family involvement became the law of the land with the enacting of new legislation (Liederman, 1995).

The Adoption and Safe Families Act of 1997 (ASFA; P.L. 105-89) requires shortened timelines for the child removed from the parent to be reunified with the family or for the child welfare to establish another plan for permanency. The new regulations expect the families to reunify, or be very close to reunification, within six (6) months of the child being removed from the family. One of the unintended consequences of the ASFA is its inflexibility on the families' capacity and ability to reunify within the short

time frame. ASFA implies that reunification is the outcome deemed successful and other outcomes are less desirable (Frame et al., 2006). It is therefore important for the family to immediately begin work on their case plan to reunify in order to achieve the positive outcome. This can be a daunting task given the nature and complexity of child maltreatment.

Child Welfare Systems

At what point the government can step into the family continues to be a topic of public discourse and legislative activity. The Juvenile Court makes decisions about the welfare of children on a daily basis, while the Fourteenth Amendment guarantees that parents will not be separated from their children without due process of law, except in emergencies (*Mabe v. San Bernardino County, Department of Pub. Soc. Servc.*, 237 F 3d 1101, 1107 9th Cir, 2001). The courts have found that American families have the right to live together without interference (*Wallis v Spencer*, 202 F. 3d 1126, 1136 9th Cir, 2000), though the court must balance the children's safety and well-being with the family's right to raise children as they see fit (Besharov, 1974). If the court finds enough evidence that warrants the child's removal from the family, the family must address the safety issues in a very short time. Society only permits the child's return if the family can demonstrate the child will be safe.

The child welfare system is a label assigned to institutions charged to protect the safety of society's children and provide for their well being. The published literature suggests that various institutions concerned with child welfare have a unique concept of what constitutes child maltreatment and develop unique responses to address the issue.

Each institution identifies child abuse within the context of the institution's goals, value base and theoretical underpinnings (Portwood, 1999). Social policy makers should be aware of the interactions of the institutions that comprise the child welfare system in order to implement societal dictates (Sands, 2001). Given the overwhelming and often conflicting systems' directives, social workers must assist parents in negotiating the process and the institutions. The literature indicates that any alliance between the parent and the helper is set early in this process and does not change significantly throughout their interactions (Tolan, McKay, Hanish, & Dickey, 2002).

Forging an alliance with the social worker may be difficult for parents since a social worker made the determination that the parent had created an unsafe environment for the child and had taken the child away. A social worker presented the case to a Juvenile Court judge, who affirmed that decision and set in motion a process of imposed tasks upon the parent to accomplish in order to have the child placed back with the parent (Janko, 1994). After court approval of the case plan, the social worker must inform the court of the completion or lack of progress on the case. The judge then makes a determination that the parent can provide a safe home for the child and authorizes the reunification of child and family. All requirements must be completed within six (6) months from when the child was taken from the custody of the parent (ASFA, 2002).

The Juvenile Courts that make these determinations can be confusing to parents and adversarial by their nature. Courts, by design, seek to make decisions of wrongs committed and punishment to address those wrongs. Parents brought before a judge on allegations of child maltreatment may be motivated by their own self-interests, rather than focused on the welfare of their child (Ellett & Steib, 2005; Milner, 2003). Parents,

also, may not process or retain the vast amount of information given to them during this stressful time (Cheuk, Wong, Choi, & Cheung, 2006; Gellin, Maibach, & Marcuse, 2000).

Due to federally mandated timelines for reunification, families need to be fully engaged in services to demonstrate to the social worker and court their positive efforts in addressing the concerns (Berry, 1992). Parents find working with both the juvenile court and the child welfare agency problematic due to the conflicting goals between court and child welfare. The training and skill sets for social workers and judicial officers vary, which sometimes contributes to negative outcomes for the child (Ellett & Steib, 2005). Social workers perform in a system that holds them accountable for case outcomes without much control over resources or requirements (Tuttle, Knudson-Martin, Levin, Taylor & Andrews, 2007). When a child is removed from the family, the parent must access services provided to them to address the concerns which brought the family to the attention of the child welfare system. The social worker is to assist the parent in accessing services and assess the benefit the parent receives from the services. About half of all families receiving services terminate before completion, therefore engaging the parent to see the benefit of the services rather than just monitoring compliance is important (Nock & Kazdin, 2005).

Significance of Engagement

Federal child welfare legislation has shortened timelines in which the state must make a determination to reunify the family or provide an approved substitute environment for the child (ASFA, 2002). The process of engaging the parents early in

the process is therefore of utmost import. This section discusses the concept of engagement and its role.

Concept of Engagement

The literature on engagement is found in many disciplines but has been predominately researched in the medical, mental health and education fields. Engagement has been variously conceptualized as involvement, cooperation, and collaboration (Dawson & Berry, 2002; Littell & Tajima, 2000; Saint-Jacques, Drapeau, Lessard & Beaudoin, 2006). The importance of engagement is central to the client benefiting from the treatments or interventions. Some studies used client involvement as a factor in treatments and interventions to determine the effectiveness of that treatment or intervention (Meaden, Nithsdale, Rose, Smith & Jones, 2004). Indicators of engagement have been identified as attendance and compliance (Dearing, Barrick, Dermern & Walitzer, 2005). The view of engagement as a singular construct limits the concept of engagement to a client's response rather than a broader view of the client's interaction and contribution to the process.

The concept of engagement has also been shown to have a macrosystem basis. The organizational climate can impact the client's engagement in an intervention. A child welfare agency that stresses strict compliance with constricted requirements may force a social worker to focus on attainable goals for a family rather than explore the actual needs with the family (Glisson & Hemmelgarn, 1998; Schorr, 1997). Not clearly linking the services to the family can be detrimental to the social worker's efforts to facilitate reunification. In a study of urban youth accessing needed mental health

services, early drop out rates for intervention programs and non-attendance at therapeutic appointments were correlated to a disconnect between the clients' understanding of the program and what the clients perceived as their own needs (Kazdin, Holland, & Crowley, 1997).

Role of Engagement

To effect change in parenting behaviors and thereby facilitate the parents' provision of a safe environment for the child, a social worker must partner with the parent to identify the specific needs to be addressed (Meyers, 1998; Minke & Scott, 1993). Both the social worker and parent should understand the components of the case plan developed to address those needs. The parent's understanding of how they are responsible for their child's safety and well-being determines how they respond to the requirements placed upon them (Milner, 2003).

One of the largest barriers to a positive outcome for a client is the client's perception that the intervention is not relevant. The need to demonstrate the benefit of an intervention to the client at the earliest possible opportunity is imperative (Kazdin et al., 1997). One example from the medical field is that a client must understand that a particular course of treatment will benefit him and needs to be started immediately to maximize the benefit (Tolan et al., 2002). The client involved with his or her intervention is more likely to attend treatment sessions. Effective engagement with child welfare has been shown to give the parent hope (Kinney, Haapala & Booth, 1991; Thoburn et al., 1995). The engaged client can see the connection between the work to be done and a better outlook for themselves (Kazdin et al., 1997).

Ecological Theory and Engagement in Child Welfare

The concept and role of engagement, especially in other fields, has informed the design of this study. A theoretical framework of Ecological Theory fits well in the research of engagement in child welfare. Federal mandates, court systems and child welfare systems, as well as the child, family and its social systems all impact the process of child safety within the family environment. All these systems interact, and the level of engagement between these interactions could be an important determinant of a successful outcome for the child.

Ecological theory, with its origins in Systems Theory, has been the basis of some causation research in child abuse and neglect to better understand the relationship of systemic influences (Swick & Williams, 2006; Tait, Birchwood & Trower, 2002).

Overview of Ecological Theory

Systems Theory has been used to conceptualize research in interactions between large systems. A system is a complex of interacting elements that includes not only the members but also the relationship among them (Bertalanffy, 1968). Child welfare bureaucracies are macrosystems created to address the issue of child maltreatment. The child welfare system imposes requirements for a new family system through the interaction. It is therefore important to engage the parent early on in the development of strategies to construct a new homeostatic state.

The social worker's knowledge that families are open systems which interact with their environments and obtain meaning through social interaction enables the worker to capitalize on that fact through engagement activities (Berger & Luckmann, 1966; Ward,

2001). Family systems continuously interrelate with their environment (Swick & Williams, 2006). Uri Bronfenbrenner expanded Systems Theory and Ecological Theory to better understand families by providing a contextual model in which to view the interactions of the family and its members with numerous other systems (Bronfenbrenner, 1979). This model examines those interactions at different levels (Hall, Hanagriff, Hensley, & Fuqua, 1997; Jakes, 2004). For example, parents are in social interaction with both social workers and the court where context and meaning are formed, albeit on an unequal field (Tuttle et al., 2007).

Link to Engagement and Child Welfare Outcomes

Ecological Theory is useful in the study of child welfare as it allows for exploration of the interplay between the person and all of the systems the person participates in and which act upon them. The study of engagement within this framework allows for examination of those interactions within and between the systems in play. An example of this process is the macrosystems' policies for families which become enacted through legislation regarding child abuse and neglect to provide direction on implementation to the child welfare agencies. In other words, if a non-normative interaction in a microsystem (the family) occurs, it may trigger a mesosystem's (child welfare agency) intervention in the family as a response to the direction of the macrosystem (federal policy) (Bronfenbrenner, 1986; Swick & Williams, 2006). An exosystem, the external systems that have an impact on the family's other systems, can bring additional stress to a family's microsystem. An example of the exosystem influence is the interaction between the foster caregiver for the dependent child and the

social worker, which affects both parent and child but is outside of their direct connection (Adamsons, O'Brien & Pasley, 2007). The following sections describe the application of Ecological Theory to the child welfare agency – family – child interaction for this study.

Macrosystem Level

The macrosystem includes the values and policies that guide the other systems (Adamsons et al., 2007; Bronfenbrenner, 1979; Weber, 1968), and it refers to the larger systems of cultural beliefs, societal values, political influences and economic conditions. The macrosystem encompasses national, state and local levels of influence, such as the federal policies' mandated timelines parents must meet (Garbino, 1990), or the court system's reliance on past decisions and interpretations of the law for guidance in its interactions with parents, or how state and federal funding determine caseloads for court and social services systems (Casey, 1998; Crittenden, 1992). Other macrosystem impacts that have an effect on child maltreatment include economic influences such as poverty levels (Garbarino & Kostelny, 1992), and neighborhood characteristics (Coulton, Korbin & Su, 1999). Current macrosystems of the federal statutes and mesosystem of the juvenile courts require the early engagement of the parent to effectively meet the systems' requirements.

Mesosystem Level

The mesosystem consists of interactions among two or more individual microsystems (Adamsons et al., 2007). The mesosystem is also described as the connection of systems in which the child and family live (Swick & Williams, 2006).

Research in child welfare using Ecological Theory has focused more on the microsystem associations. A microsystem interaction such as child abuse may force an interaction with a mesosystem such as the child protective services and the court (Casey, 1998).

Microsystem Level

The microsystem is the individual's or family's immediate environment (Bronfenbrenner, 1986). Ecological Theory emphasizes that individuals and families grow and develop within specific microsystem environments or contexts. In most child welfare research, the microsystem focuses on individual characteristics such as gender, race, age, and previous child welfare history. Other studies account for differences in the individual's cognition such as attitudes, beliefs, and expectations (Adamsons et al., 2007). The macrosystem of the larger society impacts the microsystem with the individual's embarrassment and shame at the violation of social norms and expectations (Durkheim, 1897 [1952]).

Microsystems of interest to research are conceptualized as the face-to-face interactions of the child and parent; the parent and social worker; the parent and court; and the court and social worker. These interactions could include activities of engagement between social worker and parent both in the development of tasks and the parent's response to the tasks. The ecological model can inform the study of families by providing a framework to explore the dysfunction in a microsystem.

Framework for the Study

The ecological approach links individuals, families and courts to provide a theoretical base for study (Bulboz & Sontag, 1993). An ecological framework explores the dynamic interaction between systems (Jakes, 2004). Bronfenbrenner used Ecological Theory to understand the parenting processes by analyzing the interactions of the microsystems of the parent and of the child (Meyers, 1998).

For research, the mesosystem can be conceptualized as the interactions between the parent and services. These services may be identified as social worker contacts and program interventions. Other mesosystem interactions include those between the court and child welfare agency such as court reports and social worker recommendations, or the interaction between parent and social worker in the development of achievable case plan goals to meet the family's needs, or even the teamwork between the parent and worker in working towards reunification. One might assume that a court order would provide all the motivation for a parent to comply with their case plan in order to reunify with their child (Levine, 1992), yet, even if a parent is motivated to reunify, there are many obstacles to reunification. Among the barriers often cited are macrosystem policies and lack of funding for services, or microsystem barriers such as a parent's individual stressors or attitude (McKay et al., 1998).

Engagement as a strategy has not been rigorously researched especially in child welfare (Dawson & Berry, 2002; Yatchmenoff, 2005). Suggestions for further research in past studies have indicated a need to understand the strategies employed to engage clients and go beyond collection of demographic data and compliance rates (Adamsons et al., 2007; McCurdy & Daro, 2001). The ecological model as a framework has been used

in studies in mental health (Crittenden, 1992), the court system (Casey, 1998) and child welfare (Paulsen, 2003). Studies done in a framework of the microsystem alone tend to use limited parameters, such as client characteristics, which limit our understanding of engagement or may offer conflicting results (McCurdy & Daro, 2001). This study employed an ecological framework to examine the multilevel construct of engagement through institutional interventions and social worker contacts with the resultant impact on the child and family's microsystem.

Summary

This study was guided by a conceptual model of engagement that views engagement as an interactive, multi-level construct. This study gathered data from parents whose child has been removed from their care by child welfare workers and resultant case outcomes for those children. The study looked at whether early engagement of the parents positively correlated to the case outcome of reunification with their children. Specifically, the focus of this study examined the initial level of parental engagement in child welfare, the impact of child welfare early engagement efforts and the influence of child welfare contacts on the outcome of the child's reunification with the family. Child welfare engagement efforts affected child outcomes after controlling for the initial level of engagement and other salient factors. The specific aims were:

Aim 1: To generate descriptive data about engagement among parents whose children have been removed by the child welfare system.

Aim 2: To examine the effect of initial level of parental engagement on family reunification

Aim 3: To examine the effect of child welfare level engagement efforts on family reunification.

CHAPTER TWO

LITERATURE REVIEW

This chapter provides a comprehensive review of the literature on client engagement and an overview of the literature related to family reunification in child welfare cases. The purpose of this literature review was to complete a review of research studies related to the question of client engagement with an emphasis on parental engagement in child welfare. An additional area of focus was to look at studies that demonstrated the impact of client engagement on client outcomes. The literature on family reunification in child welfare was surveyed to provide a context for the client outcome of reunification.

Research into the efforts to engage a parent is problematic due to the varying conceptualizations of engagement. Engagement is viewed in several studies as one-dimensional such as gauging a client's compliance to a required assignment. However, engagement can also be conceptualized as a multidimensional construct. An additional limitation is that few studies using either approach link engagement to an outcome. In the child welfare literature particularly, there is little research that associates a client's participation in a program and the benefit received from that program to outcomes for the client (Yatchmenoff, 2005).

The limited work in this area identifies the need for additional study into the concept and impact of engagement (Dawson & Berry, 2004; Meaden et al., 2004; Yatchmenoff, 2005). Involvement with child welfare necessitates the parent to interact on multiple fronts simultaneously (Schorr, 1997). Research in the arena of outcomes for children removed from their parents has increased in recent years, however many of the

studies target program outcomes rather than individual case outcomes (Albert, 2005). Child welfare agencies are being held accountable for improving positive outcomes for the children in their care (Brown, 2006). The literature is weighted towards gauging the effectiveness of select interventions, but there has been only limited research into how to engage families in these service interventions (McKay et al., 1998).

Client Engagement

Definitional Limitations of Engagement

The first efforts to look at the literature on engagement showed an apparently large body of work to review. As the studies were sifted and sorted, two main themes emerged. The first theme was that the majority of studies focused on the therapeutic relationship in clinical settings or the impact of client engagement on the effectiveness of treatment programs (Meaden et al., 2004). The second dominant theme to emerge was that while the concept of client engagement had broad implications, engagement as a factor in the studies was inconsistently operationalized.

The term engagement is often cited in literature, but is simplistically defined or measured (Ammerman, et al., 2006; Macgowan, 2000), and definitions are often vague and overlapping (Littell, Alexander & Reynolds, 2001; Nock & Photos, 2006). The concept itself has its roots in the field of psychotherapy and has been used primarily to describe the therapeutic alliance (Gillespie, Smith, Meaden, Jones & Wane, 2004; Meaden, et al., 2004). Engagement also lacks identification of predictive factors for consistent or broader research applications (Dawson & Berry, 2002; Dearing et al., 2005).

Beyond the therapeutic alliance, engagement has been defined as client compliance as measured by a variety of factors (Meaden et al., 2004). These factors include attendance and adherence (Ammerman et al., 2006; Nock & Ferriter, 2005); participation (Kazdin, Holland & Crowley, 1997); involvement (Littell et al., 2001; Saint-Jacques et al., 2006), or a combination of attendance and length of participation (Littell et al., 2001). In Baydar, Reid and Webster-Stratton's 2003 study, the level of a client's engagement with services was determined by the number of sessions attended, the tasks completed and subjective observation. The clearest definition of engagement comes from Littell and Tajima (2000), who differentiate engagement in two ways, compliance and collaboration. Compliance is viewed as the completion of assignments, whereas collaboration can be seen as the client's willingness to cooperate or agree to be actively involved. Research in child welfare practice tends to focus on the parents' compliance, yet Dawson and Berry (2002) suggest that client collaboration is the key to engaging the parent. Many studies equate client involvement with engagement. This is also not satisfactory as participation is not necessarily an indicator of the client's degree of involvement. The client may just be going through the motions rather than becoming an active participant (Saint-Jacques et al., 2006). Nock and Photos (2006) suggest that the client's motivation to access beneficial or required services is linked to the client's engagement in the process.

In Littell's 2001 study, the child welfare social worker considered a parent's compliance with the treatment or case plan as an indicator of change in a behavior and non-compliance as a negative outcome; however, the parent's perspective differed. There are other factors that lead to parental compliance. Non-voluntary clients could

fulfill the case plan or attend treatment but only as a means to “get the agency out of their lives.” Clients overtly neglect to complete a case plan or treatment if they view the intervention as unnecessary or invasive. Nock, Ferriter and Holmberg (2007) reported that the parent’s belief about the treatment credibility and effectiveness were positively correlated to subsequent treatment adherence. The parent’s reaction to the intervention offered in the case plan is often unrelated to the intended resolution of the parent’s presenting issue (Littell et al., 2001). Little (2001) posits that the parents’ compliance is a result of the meaning they assign to the treatment requirements incurred due to their problems. As an example, non-drug abusing clients may not complete a required class in parenting skills when the class is designed for parents with substance abuse issues because they do not see the relevance to their case. Client participation is predicated on the client’s expectation that the intervention is effective and related to their needs (Nock, Phil & Kazdin, 2001). How a parent perceives an intervention is important as the social worker interprets the level of parent participation in many ways and uses that interpretation to base the assessment of progress of the parent’s work to address their issues (Littell, 2001).

Research on Parent Engagement in Select Fields

As already stated, most studies conceptualize engagement as a singular construct. These studies seek to identify a specific intervention, such as enhancing the degree of client participation on the basic premise that higher levels of participation will produce higher levels of benefit (Altman, 2008). Thoburn, Lewis and Shemmmings (1995) state that engagement involves working with a client to increase positive outcomes for that

client. Current research also seeks to account for unique client characteristics that affect engagement. Consideration of cultural differences as an aspect of engagement is important. Western cultural views that value individualism have a different response to compliance, attendance or the collaborative aspects of recommended treatment programs and case plans. Zhang (2005) found that parents from a collectivist culture compelled their child's compliance and attendance as well as their own participation in mandated programs even when they did not or could not benefit from the service. Engagement concepts need to encompass various family constructs such as single parent, same-sex couples, blended and extended families (Coburn & Woodward, 2001). A client's presenting problems confound efforts of engagement in the initial stages and must be taken into account in any engagement construct. Other studies have found that issues such as mental health problems, substance abuse concerns or profound embarrassment hamper the client's capacity to be actively involved (Levin, 1992; Littell et al., 2001). This section will provide a brief overview of parent engagement in three of the fields with significant research in this area - education, health and mental health.

Engagement in Education

Research on parent engagement in the field of education has been focused on the benefit of involving parents, the influences on parental involvement and some of the strategies used to engage parents. The focus of most research on parent engagement in education is its relationship to the child's academic performance and control of the child's classroom behaviors (Deslandes & Bertrand, 2005; Wolfendale, 1999). Many studies link the importance of parent engagement with the child's success in their

academic program (Deslandes & Bertrand, 2005; Minke & Scott, 1993). Parent involvement in decision-making as it relates to their child's education is critical to the child's academic success (Deslandes & Bertrand, 2005). The more involved a parent is at the school, the greater their expectations are for the child's academic and social achievement (Baydar, Reid & Webster-Stratton, 2003). Although the child's academic performance is the center of school and parent collaboration, the schools look to achieve desired institutional outcomes (Minke & Scott, 1993). The engagement of the child in the modification of their classroom behavior and parental engagement in follow-through techniques in the home is related to improved academic performance (Waltman & Frisbie, 1994).

Two of the factors that influence parental involvement with the school include the parents' own history with education and the parents' understanding of their level of responsibility for their child's education. A parent's level of higher education was positively related to higher involvement with the teacher's stated classroom expectations (Baydar et al., 2003). Involved parents are more likely to engage their child in discussion relating to the benefit of compliance with the teacher's expectations (Waltman & Frisbie, 1994; Zhang, 2005). It is more difficult to engage or motivate parents if they perceive the academic performance or classroom behavior to be the child's problem or the school's responsibility (Deslandes & Bertrand, 2005).

Most schools offer parent orientation programs at the start of a child's entry into school from pre-school through universities. This effort to engage parents in the transition their children are about to begin acknowledges the shift, provides information and tools, sets expectations, and connects the parent to the institution (Coburn &

Woodward, 2001; Goodman & Goodman, 1976). The primary value to such programs is in establishing connections between the parents and their child's program (Goodman & Goodman, 1976). Another strategy schools employ to engage parents is through related school activities. Parent's participation in specific engagement activities and targeted events were found to increase parental involvement (Waltman & Frisbie, 1994).

Orientation programs used in many fields, such as education, laid the groundwork for parental involvement. Early research in this type of engagement did not find a significant difference in enhanced communication between students and parents involved with orientation programs. However, there was an increase in parents' understanding of the activities the universities had to offer (Goodman & Goodman, 1976).

Schools, as most other institutions, want active parent participation. The research identifies individual interactions between parents and educators as the most effective method to actively engage and involve parents. It is crucial to establish a trusting relationship between the parent and teacher (Deslandes & Bertrand, 2005). The literature also identifies the importance of involving parents in decisions regarding their children. Zhang (2005) uses self-determination on behalf of the child and parent as a definition of engagement and reported a positive correlation between the parents' part in planning, decision-making and the implementing their child's educational program to better academic success for the child. This example of the conceptualization of engagement is an expansion of engagement from a singular construct to a multi-level construct that includes the interaction of parent-child-school (institution).

Engagement in Health

Public health research into patient engagement is an important component of medical research. Patient adherence to medical treatment must be determined to explain some of the variance in treatment results (Tolan et al., 2002). Over 14,000 articles have been written about treatment compliance with considerable variability in how the concept of compliance was conceptualized and measured (Littell et al., 2001). Engagement conceptualized as compliance is often measured in number of appointments kept and adherence to medication schedules (Littell, 2001; Nock et al., 2001). Patient participation and adherence to the treatment plan are positively associated with positive patient outcomes whereas non-adherence has been linked to adverse outcomes such as hospitalization (Littell et al., 2001).

An initial assessment of client issues has been used as a predictor of client participation in their health treatment (Littell et al., 2001; Scharer, 2000). Factors such as a client's mental health issues or problems of substance abuse were linked to non-compliance with medical treatment (Littell et al., 2001). Accurate communication was identified as key to engagement while misperceptions on what nurses said led to disengagement (Scharer, 2000). The nature of the interaction between the intake nurse and the patient at the early stages also predicted the level of treatment adherence (Bender, Joslin, & Mitchell, 1994; Van Cott, 1993). The relationship between the client and the medical team is an important factor in engagement since the higher the patient belief in the relevance of the medical treatment, the higher the patient adherence to the treatment (Nock et al, 2001).

As in studies on engagement in the field of education, client expectations and perceptions have been shown to impact the client's outcomes in the medical field. If the parents believe a treatment will benefit their child, they are more likely to adhere to the regimen (Nock et al., 2001). For example, parents given specific information regarding their child's heart disease and treatment plan demonstrated an increased understanding of the need for compliance with medical recommendations and an increased compliance rate (Cheuk, Wong, Choi, Chau & Cheung, 2006). Parents engaged in an educational program on the harmful effects of smoking as a method of intervention to curb adolescent smoking had clearer messages about non-smoking to their child than those less engaged (Chasen, et al., 2005).

The onus of compliance with medical treatment and any drug regimen for children falls to the parent (Menahem & Halasz, 2000). The parent has the child comply based on belief in the physician and treatment plan even though the parent has not provided any input (Menahem & Halasz, 2000; Nock & Photos, 2006). Engaging the parent in all aspects of the treatment plan is important regardless of the direct impact on the parent (Cheuk et al., 2006). As an example, the parent will comply with medical directives if the problem is solely the child's problem, such as if the child has head lice, but not if the parent is required to co-own the problem, such as in the case of the child's obesity. Parents must have the capacity for compliance, as attendance at appointments and adherence to medication regimens can be difficult even when the consequences are severe (Littell et al., 2001). Additionally, the lack of a fully engaged parent results in fragmented compliance with the medical recommendations.

Engagement in Mental Health

Research regarding the therapeutic alliance is the most studied aspect of client engagement in the mental health field (Berry & Dawson, 2002; Sands, 2001; Shulman, 1999). Most often the alliance is objectively measured in client attendance and home work assignments completed and subjectively measured through client satisfaction surveys, therapists' observations, and self-report (Kazdin et al., 1997; Littell et al., 2001). The resultant data taken alone must be tempered with the understanding that client satisfaction is not the same as client engagement (Gerber & Prince, 1999).

The factor of therapeutic alliance can explain the variation of improvement of parenting for the adult and change in behavior for the child (Tolan et al., 2002). An increased therapeutic alliance between therapist and client increased compliance with treatment attendance (Nock et al., 2001), and intervention participation (Gillespie et al., 2004). Parental alliance as an aspect of engagement is pivotal and can be predictive in affecting change in the family system and family dynamics (Tolan et al., 2002).

The aptitude of the therapist's engagement skills is crucial to build client trust and affect positive change (McKay, Stoewe, McCadam & Gonzales, 1998). The bi-directionality of the therapist/client interaction is key to framing a positive alliance. This alliance establishes some aspects of the process for engagement including the client's trust of the therapist (Nock & Phtus, 2006; Tolan et al., 2002), the client's perception as to the helpfulness of the intervention (Dawson & Berry, 2002) and the intervention's relevance to client (Tolan et al., 2002).

The therapeutic alliance extends past the role of the therapist. The role of the social worker in mental health is predominately that of a case manager versus a

therapeutic function. Therefore, compliance and attendance measures take the place of assessment and determination of client engagement in the social worker's report. The social worker uses the level of compliance to gauge the perceived benefit of the services the client has received (Baydar et al., 2003; Sands, 2002).

The relationship of the client and social worker is only one aspect of engagement. Client motivation is essential to their active participation in treatment programs (Kazdin, 1996; Tolan et al., 2002). Nock and Ferriter (2005) report that a parent's mental health issue impacts their ability to participate in their own treatment and also impacts their motivation to engage in their child's treatment. Many parents are not willing participants in treatment if they believe the problem to be addressed belongs entirely to the child or if they are mandated by court to address issues they do not believe they have (Nock & Ferriter, 2005).

The mental health field employs a number of methods to engage clients. Many programs and services offer or require a brief orientation process. Most orientations serve to educate the client about what to expect in therapy (Nock & Kazdin, 2005). Early attempts at preparing clients for therapy consisted of oral explanations provided at intake sessions. In a later study, children and parents were shown a videotape demonstrating a variety of therapeutic sessions. Session attendance increased partly because the benefit of attendance and the consequences of non-attendance were focused on in the video (Day & Reznikoff, 1980). Another study reported increased attendance at therapeutic intake sessions through engaging clients in a telephone interview (McKay et al., 1998).

These attempts at engaging clients at the outset of the therapeutic relationship were to provide clients examples of the benefit to attending and participating in their

treatment. Participants in Nock and Kazdin's study (2005) on a brief, early engagement intervention demonstrated significantly increased engagement in their treatment program. These engagement strategies met institutional needs in increased attendance numbers and increased positive client outcomes. Another study found that proscriptive service requirements decreased quality services, whereas direct worker characteristics were more positively associated with increased positive client outcomes (Glisson & Hemmelgarn, 1998). However, the relationship and access to the therapist or caseworker are significant to keeping the client involved in their treatment (Hinden, Biebel, Nicholson & Mehnert, 2005).

Early engagement in mental health, especially concerning children, is critical. One study estimates that well over fifty percent of the referrals for treatment of children with mental health problems are lost between the initial call for services and the intake appointment (McKay, Stoewe, McCadam & Gonzales, 1998). Engaging the parents in the child's case plan is as important as engaging the child in participation in the treatment plan. Parents should be given a clear explanation of the program, service or intervention from the very beginning (Saint-Jacques et al., 2006). Parents play a pivotal role in the child's level of compliance as described by attendance since the parent provides for making the appointments, transporting the child, paying for the treatment and giving legal consent (Littell & Tajima, 2000; Nock & Ferriter, 2005; Nock & Kazdin, 2005).

Engagement in Child Welfare

Client engagement is at the center of social work practice, therefore research into client engagement in the child welfare system is important. Components of engagement

in child welfare have been conceptualized as levels of partnership, participation, and involvement to describe the connection between the client and agency in the child welfare process (Thoburn et al., 1995).

The State of California affirms that “engaging families in a collaborative and supportive manner from the first contact establishes a cooperative foundation for future relationships and provides the opportunity for families and service professionals to assess family concerns, strengths and resources together” (CDSS ACIN I-64-03). Most of the child welfare related engagement research is conducted conceptualizing engagement as a prevention strategy or as short-term services for family reunification (Dawson & Berry, 2002; Kinney et al., 1991). Success of family preservation services can be predicted by the families’ early cooperation and engagement in services (Dawson & Berry, 2002). Intensive in-home family preservation services, such as the Homebuilders model, attribute positive parent participation to early contact (Kinney et al., 1991). Engagement has been used as a method to determine parents’ feelings regarding their child welfare case (Oberle, Singhal, Huber & Burgess, 2000). Yet, much of the current research reports findings of parents feeling confused, neglected and overlooked by the child welfare and court system (Albert, 2005; Kapp & Vela, 2004).

Parental characteristics are determining variables for engagement but parental expectations are also a consideration. Scharer (2000) stated that a parent’s previous experience with a child welfare or law enforcement organization negatively influenced their level of engagement, which led to the expectation of being judged or blamed. Staff’s previous experience with either the client or a client with similar characteristics led to certain expectations, positive or negative (Kazdin & Wassell, 1999; Scharer, 2000).

Social work practices in case level decision-making significantly impact the prognosis for the success of the families in the child welfare system. Indeed, the common worker practice of conducting an investigation of allegation of child maltreatment prior to contact with the parents inhibits the process of parental engagement in the ongoing case (Thoburn, Lewis, & Shemmings, 1995). Studies indicate that the social worker's skill at setting concrete goals and using tools such as signed contracts led to higher levels of parental participation, yet little is done to educate the workers in engagement skills (Dearing et al., 2005; Thoburn et al., 1995). In social work education, future workers are instructed to engage the client by stating that they represent the community and want the parents' assistance in determining if the child is in danger and how to resolve the situation (Kirst-Ashman & Hull, 1999). High-risk and abusive parents tend to attribute inaccurate motivations to their child's behaviors (Milner, 2003). With additional information, these parents demonstrate a better understanding of the circumstances (Montes, dePaul & Milner, 2001; Morrissey-Kane & Prinz, 1999). It is important to match the engagement strategy to the family's needs to have a positive outcome (Santisteban, Suarez-Morales, Robbins & Szapocznik, 2006).

The literature review discovered very few studies that address the dependency process and fewer that focused on the parent's interaction with the process at the earliest stages (Scharer, 2000). Keeping the parents informed of the child welfare process was identified as a component of engagement appropriate for the early stage of a case (Thoburn et al., 1995). A study conducted by Petras, Massat and Essex (2002) identified the dual role of the social worker and the need to be clear about that duality while engaging the parent. The social worker should assist parents in understanding the entire

process including both the worker's forensic role and the worker's helping role in order to establish clear interactions (Kazdin & Wassell, 1999; Saint-Jacques et al., 2006). Studies discussed the need to understand the parent's perspective of the process to differentiate between a parent's compliance with a program and a parent receiving benefit from the program (Yatchmenoff, 2005).

Engagement goals for social workers are to increase their understanding and the parents' understanding of internal and external factors that can lead to the family's stability. Collaboration with the client in the planning and development of the case plan enables the social worker to tailor resources to meet that client's needs. Parent engagement is necessary both at the first contact with the parent and in the development and implementation of the case plan (Saint-Jacques et al., 2006). This active engagement leads to more positive outcomes for the client than those unwilling or unable to be involved (Littell, 2001). Altman's qualitative study (2008) found that clients mandated to participate in a specific service or program became engaged only if they agreed to the requirements imposed upon them.

The parent may be difficult to engage due to the presenting problems described previously. Additionally, compliance with a case plan can be problematic for a parent if various agencies require them to access a variety of different services within the same time frame (Hinden et al., 2005; Janko, 1994). Fathers have been largely absent in engagement research. The lack of engagement with fathers in child welfare cases can be attributed not only to the father's characteristics, conditions and choices but also to worker bias. Workers often view the man involved in a child welfare case only as the source of the abuse or at least a negative influence on the mother (Scourfield, 2006). A

worker's perception that the father is the cause of the maltreatment or intimidates the mother into non-compliance with the case plan can inhibit effectively addressing the issues which brought the family into the child welfare system (O'Donnell, Johnson, D'Aunno & Thorton, 2004; Thoburn et al., 1995).

Engagement in child welfare does not yet have an extensive body of literature. Researchers must draw on studies conducted in other fields to identify any potential predictors of effective engagement and work with non-voluntary parents. Understanding what engagement is for the involuntary parent is an important area to explore in order to tailor effective intervention strategies (Yatchmenoff, 2005).

Predictors of Engagement

Effective, consistent predictive factors of parent engagement have not been supported in the literature review. Nock and Kazdin (2005) report finding over 1500 controlled studies on the efficacy of mental health interventions for children but only 12 related to components of client engagement. Predictors cited in one field of study are not applicable in another. For example, the length of participation in an intervention used as a predictor in child welfare does not indicate a positive outcome but does in certain instances in the mental health field (Littell et al., 2001). Interventions themselves have been seen as engagement processes (Dawson & Berry, 2002; McKay et al., 1998).

One factor noted in several studies was the establishment of a positive relationship as necessary for effective collaboration. Parents are more likely to participate in required activities if they feel the worker has a high regard for the parent (Poirer & Simard, 2006). Collaboration is essential with involuntary clients (Littell &

Tajima, 2000). Parental attitude does not predict a change of engagement in services or subsequent behavior (McCurdy & Daro, 2001). Those parents with low expectations of a service were found to have no expectation of change in their circumstance and are the least likely to experience change (Nock et al., 2001). Parents need to have the capacity to link the recommended services to their parenting needs (Ammerman et al., 2006). Parents who are at high risk for abusive discipline often misrepresent and misinterpret their child's behaviors and actions, especially under times of increased stress (Milner, 2003). While there are no precise predictors of parental engagement, the literature does inform on several aspects of engagement.

In the research reviewed, most variations in treatment participation centered on client variables, yet the studies attributed results as a function of multiple influences such as the case circumstance, worker behaviors and the program itself (Littell & Tajima, 2000). The aspects of engagement in child welfare to consider include client level factors, social worker factors, and system level factors.

Client Level Factors

Demographic factors to consider include client level variables such as gender, socioeconomic status, substance abuse and mental health issues.

Gender and Correlates

Gender is a primary consideration as there is a difference in response to factors of engagement predicated by gender in terms of the relationship to the child: mother or father. In the child welfare literature, the focus is on the mother's role (Butler, Radia &

Magnatta, 1994). A worker's positive impression of the mother at the first meeting leads to a collaborative relationship (Hall et al., 1997; Santisteban, et al., 1996). Single mothers are involved in their case plans more than any other family configuration (Thoburn et al., 1995). Societal norms of mothers as nurturing caregivers are also significant in the expectations placed upon women poorly prepared to be mothers (Brown, 2006). Child welfare services tend to be geared to the mother, yet either mother or father can be the focus for reunification. Mothers are less likely to be incarcerated, absent or homeless due to significant substance abuse concerns or mental health issues (Little & Tajima, 2000; Sonenstein, Malm & Billing, 2002).

The lack of the father's involvement is complex. In addition to the absence in the child's life, there are other contributing factors to the lack of the father's participation in the case plan. The mother may withhold information about the child's biological father (Huebner, 2008). The mother may not want him to know of the child or for the child to have contact with the paternal family. The mother may also withhold information to protect the father from prosecution or from consequences of not making child support payments (Sonenstein et al., 2002). The father may be the perpetrator of the abuse or neglect, which could lead the worker to be reluctant to pursue additional information (O'Donnell et al., 2004; Thoburn et al., 1995). The father may be non-responsive to outreach efforts for inclusion on case planning or treatment participation (Sonenstein et al., 2002). Fathers are less involved in instances where there is more than one involved with the case (Huebner, 2008). A non-resident father often does not feel responsible for the abuse (O'Donnell et al., 2004), but is more likely to be involved in the process if he

participates from the beginning (Thoburn et al., 1995). Engaging both parents takes a different approach than that of a set of directives.

Socioeconomic Status

A parent's socioeconomic status plays a part in their participation with the required child welfare services. Early studies in the 1950's linked social class to quantity and quality of treatment required and offered (Sands, 2001). The parents in higher income families are more likely to engage with their children in program participation (Zhang, 2005). One study finds that the lower socioeconomic status of the parent correlated to the parent's lower expectations in treatment programs (Nock et al., 2001). A client of a lower socioeconomic status has been found less likely to attend and more likely to drop out of treatment programs (Baydar et al., 2003; Kazdin et al., 1997). Worker bias can also contribute to difficulty in engagement as a single, low-income mother is perceived as lacking the capability to raise children (Levin, 1992).

Mental Health Issues

Drop out rates in mental health treatment programs and services were correlated to low socioeconomic status, ethnicity and lower levels of education (Littell et al., 2001). Another study found that clients with identified mental health issues had a high rate of non-compliance on court ordered mental health assessments (Butler et al., 1994; Littell & Tajima, 2000). Those parents with mental health issues demonstrated a low level of participation in their treatment plans (Gillespie et al., 2004). One study identified the

parent's engagement as the most important factor in the child staying in a treatment program (Morrisey-Kane & Prinz, 1999).

The effect of the forced separation on the mental status of the parent and child should be considered when assessing visitation. Both parent and child have been dramatically impacted by the separation, and thoughtful planning should be considered in arranging and monitoring visitation. Studies indicate that the quality and quantity of the visitation plan is most predictive of a positive outcome if the visits are purposeful and therapeutic, not just compliant with a scheduled meeting (Thoburn et al., 1995).

Substance Abuse Issues

Clients that struggle with substance abuse issues have additional challenges, as it is difficult to match a recovery time frame with the federal time limitations for reunification (Karoll & Poertner, 2003). Parents that have substance abuse problems can be either erratic in their attendance and participation in a program, or they are likely to drop out (Baydar et al., 2003; Kazdin et al., 1997). One recent study identified that 42% of mothers with dependent children entered treatment for their substance abuse in order to comply with a case plan (Carlson, Matto, Smith & Eversman, 2006). The necessary training for case workers or expertise to effectively engage clients with substance abuse related problems is inconsistent (Karoll & Poertner, 2003). This can affect the worker's ability to involve the client in identifying needed services, or it can add stress to the parent, which impacts treatment (Carlson et al., 2006; Curtis & McCullough, 1993; Karoll & Poertner, 2003).

Social Worker Level Factors

Social worker characteristics and worker bias are factors of engagement to also consider. However, most of the studies on social worker characteristics are outdated (Zell, 2006). In contacts with their social worker, parents stated that social worker behaviors were more important to them than other worker qualities (Dawson & Berry, 2002). Other components of the relationship between the client and the social worker that would be indicators of a positive outcome include a positive emotional feeling towards the worker, perception of the social worker's technical skills, and shared interest in the goals of the intervention (Tolan et al., 2002). A strength-based worker is focused on engagement and communication, involves the family in case planning, and has a continuous dialogue about the case plan (Hinden et al., 2005).

Social worker bias contributes to a lack of engagement as demonstrated by the parent's diminished role in case planning, visitation considerations and reduced awareness of required activities (Little & Tajima, 2000). A worker's focus on the client's deficits rather than strengths is related to client non-compliance (Littell et al., 2001; Littell & Tajima, 2000). A primary example of worker bias is in workers' perception of the father. Some social workers tend to view the father solely as the perpetrator and perceive any involvement or contact with the father as not in the child's best interest (Sonenstein et al., 2002). There is a lack in social worker training on how to engage fathers and little information on how the child benefits when the father is actively involved (Sonenstein et al., 2002). The worker's heavy caseload causes the worker to weigh the effort needed to pursue the father's participation against the relative ease of excluding the father. Having the father involved in the case also means access to the

paternal side of the extended family with more potential for additional conflict that the worker can perceive as outweighing the advantage of potential resources (Jenkins, 2006). Additionally, there is a scarcity of male professionals working in child welfare institutions, which may impact client engagement (O'Donnell et al., 2004).

System Level Factors

At the organizational level, factors of engagement to consider include organizational culture, system bias, and interagency bias. Workers do not deal directly with financial or organizational considerations in trying to manage non-compliant parents, but heavy social worker caseloads leave minimal time to establish a trusting relationship (Dawson & Berry, 2002; Tolan et al., 2002). Organizational policies identify extensive expectations at each contact that contributes to limited time for quality interactions at each contact (Scharer, 2000). The institutional systems that set up these daunting organizational policies also contribute to the lack of engagement in that the same child is the main focus of more than one institution, which impacts the services imposed by the separate requirements (Glisson & Green, 2006). The parent can be required to complete a separate parenting course for the juvenile court, the family court and the criminal court with no coordination of that requirement. Institutional bias is another consideration. Courts, for example, require the fathers to complete more services and order harsher penalties for them than for mothers (O'Donnell et al., 2004). In the juvenile court, fathers must complete an arduous process to establish paternity and demonstrate their connection to the child while the mother's connection is assumed. Child welfare services are geared to the custodial parent as the child welfare goal is for

the child to remain in or return to the home. The custodial home is generally the result of judicial preference, another systemic bias (Sonenstein et al., 2002).

Institutional constraints include legislated time frames, restricted funding, and other regulatory requirements beyond the court system. The enactment of the Adoption and Family Safety Act requires time-limited reunification services, which affords those parents dealing with substance abuse or mental health issues little time to access needed services and demonstrate the benefit of those services (US DHHS, 2000). Those same time constraints eliminate from participation many of the parents who would be incarcerated past the allowable federal time frames for reunification (Jenkins, 2006). Most of the funding for child welfare is targeted for services that are more prescriptive rather than allowing for individualized needs (US DHHS, 2000). Given these restrictions, how to effectively engage parents quickly in the process to reunify with their children becomes a significant question to address.

Impact of Engagement on Outcomes

The importance of engagement would best be demonstrated in assessing the impact of engagement on positive outcomes for dependent children. There has been little research to demonstrate linkage of engagement to outcomes (Meaden et al., 2004). Since engagement is not always clearly understood, it has the potential to be confused with client satisfaction. Client satisfaction surveys have not been found to be correlated to positive case outcomes (Kapp & Vela, 2004).

Most clients involved with the juvenile justice system have low expectations in a positive outcome for themselves or their family. Strong orientation programs are

important in setting expectations and provide a common level of understanding (Coburn & Woodward, 2001). Assessing a client's expectations early in a case can be a gauge to identify the potential for positive outcomes (Dearing et al., 2005). One study found that including parents in their own treatment planning produced better outcomes in that fewer children were removed (Littell & Tajima, 2000), while another study identified engagement as an outcome indicator in itself (Meaden et al., 2004). Early engagement studies have demonstrated that parents often recognize the problems related to the alleged child maltreatment but that awareness does not correlate to active participation in the requirements for reunification (Gillespie et al., 2004; Yatchmenoff, 2001). Parents ambivalent about reunification with problematic children are hard to engage in the development or implementation of their case plan (Littell & Tajima, 2000). The very act of engagement is a result of parental choice so any outcome is likely to be attributed as resultant from a characteristic of that parent (Baydar et al., 2003).

Parental lack of cooperation with court mandates was correlated to increased negative outcomes such as loss of custody and permanent termination of parental rights. A parent's lack of participation in and completion of their case plan is correlated to future risk of maltreatment (Littell, 2001). The lack of compliance is also associated with perceived negative judicial decisions related to child custody (Littell et al., 2001). The length of an intervention program or service has not been correlated with child welfare outcomes. However, parents that did not attend their treatment programs were less likely to reunify with their children (Littell, 2001). Even when under court order, or with the consequences of permanently losing their child, some parents still do not participate in services related to the case plan (Littell et al., 2001).

The relationship between engagement and outcomes for a child is complex and difficult to identify (Littell et al., 2001; Nock & Ferriter, 2005). The level of parent cooperation was positively related to a decrease in child removals (Littell, 2001; O'Donnell et al., 2004). Adherence to the completion of the case plan for clients before the juvenile dependency court was predictive of a significant decrease in subsequent reports of child abuse (Littell, 2001). If engagement increases client participation in services, other predictors of negative outcomes, such as socioeconomic status, can be mitigated (Hartman, Stage & Webster-Stratton, 2003). More research is needed to link engagement, participation and outcomes (Kazdin et al., 1997). Increasing client participation is crucial in case plan compliance but the concept of engagement should be more fully examined.

Methodological Challenges in the Study of Engagement

The studies reviewed highlighted limitations of researching the concept of engagement, as well as reported findings that demonstrated the importance of parent engagement strategies. Most research in this area examines a single factor as a measure of engagement (Gillespie et al., 2004). Many of the studies reviewed were qualitative in design although a few contained a quantitative component (Dawson & Berry, 2002). Sometimes merely asking the client if they are involved or asking their opinion is understood as engagement (Gillespie, et al., 2004).

The review of the literature revealed little theory in use for research in this area. There are few studies that demonstrate correlation of the various elements associated with engagement (Albert & Britner, 2009; Tolan et al., 2002). The studies often identify

successful engagement as an aspect of a program component while some of the current research identifies engagement as what drives parent participation in the program (Dawson & Berry, 2002). The literature attributes outcomes such as client satisfaction and participation to the influence of client engagement (Albert & Britner, 2009; Dearing et al., 2005). Previous studies that considered engagement and outcome impact defined three types of measures: client satisfaction, case status, and client status (Mordock, 2002).

Most research articles were based on non-experimental designs in that they did not have comparison groups, did not use random assignment and lacked a clearly defined impact of the independent variable, but they were useful in identification of factors and definition of components related to client engagement (Littell et al., 2001; Wolfendale, 1999). Other limitations of the studies reviewed included issues of sample size and criterion. Studies of parents involved in the child welfare system were often without a sufficient sample size or from limited populations that were not representative of the general population (Dawson & Berry, 2002). The criterion in studies to ascertain client engagement varies greatly even within a given field. Two studies in child welfare used attendance to assess compliance but used different criteria to define attendance (Littell et al., 2001).

Research working with involuntary clients of the child welfare system is problematic in that numerous barriers are present. The client can be very resistive, resentful of authority, difficult to locate or incarcerated and unavailable (Littell et al., 2001; Yatchmenoff, 2005). In the research reviewed, parents were often treated as subjects of research rather than partners in a process (Wolfendale, 1999). Survey tools

need to be carefully crafted; tools that are several pages long or cover too broad an area of interest can be cumbersome for the parent (Tolan et al., 2002). Parents do not always understand the materials given them. A person's perception of the informational material may be colored by his or her own experience with the institution providing the material (Waltman & Frisbie, 1994). Parents often participate separately in interventions designed for the family. Each one also responds differently to different engagement approaches (Thoburn et al., 1995). Women, for instance, are more responsive to psycho-educational approaches than men (Dix & Grusec, 1983).

The literature on engagement suggests that in addition to participation, the parent interactions with others can actively contribute to successful case outcomes. Studies on working with involuntary clients shed light on the difficulties encountered working with parents, yet the child welfare system is charged not solely with the protection of children but with the maintenance of the family even in resistive families.

Family Reunification in Child Welfare

Engaging the parent in their child welfare case plan is essential as the case plan completion is the primary determinant for family reunification. Reunification with the family of origin is the desired goal when a child welfare worker removes a child from the care and custody of his or her parent (Cordero, 2004). With few legislatively identified exceptions, the first goal to be addressed with the parent is reunification (Zeller & Gamble, 2007). Federal mandates infer that reunification is the only successful resolution with adoption or another permanency plan as less desired (Courtney, 1994). Concurrent planning requirements in the federal statute mandates that the social worker

assess the parent's likelihood of reunification from the time of the child's removal which makes early engagement with the parents critical (Cordero, 2004; Frame et al., 2006). Federal measures for child welfare accountability track cohorts of children within a defined time period and define a successful outcome as one where a child within that cohort is reunified within 12 months, or 6 months if the child is under 5 years old (Zeller & Gamble, 2007).

Criteria for Family Reunification

Just as the literature regarding engagement lacks consensus on indicators for engagement, little if anything in the literature provides criteria for reunification decisions (Karoll & Poertner, 2003). Social workers must assess the likelihood of reunification throughout the case without standardized criteria to guide their decisions (Frame et al., 2006). Some studies indicate the necessity for basic criteria such as the need for parents to have critical coping skills and parenting skills (Carlson et al., 2006; Leathers, 2002). The social worker must inform the court of the rationale for the recommendation to reunify or not, but the research does not provide significant indicators for the worker to rely upon. Some studies report that systems level interactions which are positively associated with successful reunification include family support systems, linkages with service providers, and stabilized environments (Carlson et al., 2006; Leathers, 2002; Nelson, Mitrani, & Szapocznik, 2000).

Barriers to Family Reunification

Understanding the barriers to family reunification within the short federal timeline might inform us of the challenges to engagement. Many of the barriers to reunification mirror the barriers to successful engagement. The parent can be unable to reunify due to mental health concerns (Leathers, 2002; Levin, 1992), substance abuse issues (Albert, 2005) or economic obstacles (Carlson et al., 2006). The parent's relationship with the social worker is important, as poor communication with, or the lack of access to, the worker may impede positive progress (Albert, 2005). The worker that attributes the lack of progress directly to the parent, as only a microsystem level interaction, would miss the mesosystem level interactions that contribute to a lack of progress and engagement. The parent seems unwilling or incompetent if they are unable to access or complete the social worker's referrals to other providers, but other factors such as a lack of transportation or child care can be a preventative obstacle (Levin, 1992). Macrosystem level policies also confound reunification efforts. The overlapping or conflicting mandates of related systems, such as the federal Housing Authority, state and local welfare agencies and public health organizations, often overwhelm parents (Carlson et al., 2006; Levin, 1992).

Predictors of Family Reunification

Several studies have attempted to identify predictors of the parent's likelihood to reunify with their child. Client level factors were studied to determine relationships to reunification. The age of the child at removal impacts reunification, as very young children are less likely to be reunified (Courtney, 1994; Pabustan-Claar, 2007). The impact of parental ethnicity on reunification outcomes reveals split results. Nationally,

African-American children return home at a lower rate than white (Courtney, 1994; Thompson, Kost & Pollio, 2003), while Hispanic children return home at a lower rate than other ethnicities but not in Southern California (Webster, Barth & Needell, 2000).

The research tends to focus on microsystem level interactions. A parent who sees their interactions with the worker as respectful is more likely to reunify (Tuttle et al., 2007). Clients that have family and other social support systems also have better outcomes (Crampton & Jackson, 2007; McCurdy & Daro, 2001).

Other factors have been studied to predict the rate of reunification. The reason for the removal of the child impacts the likelihood of the return of the child to the family. The rate of reunification for sexual abuse victims is lower than the rate for physical abuse victims (Webster et al., 2000). A child's placement impacts reunification. It was thought that kinship placements enhanced chances for a child to be reunified (Courtney, 1994). However, research indicates that over time there is little difference in reunification rates between kin and non-kin placements and in many cases, kinship placements delay reunification (Berrick & Barth, 1994; Pabustan-Claar, 2007; Winokur, Crawford, Longobardi & Valentine, 2008).

Macrosystem level indicators of successful reunification include economic and environmental factors. Parents that are able to access suitable housing have a higher reunification rate (Courtney, McMurty & Zinn, 2004; Thompson et al., 2003). Parental unemployment is associated with fewer reunifications and higher re-entries (Alpert, 2005). Since stressors of poverty are linked with incidences of child maltreatment, addressing those stressors would ameliorate successful reunification (Janko, 1994; Little, 2001; Schorr, 1997)

Social workers in child welfare must address the concerns in the family that brought the child to their attention. The families often have complex issues to address within a short amount of time. The child welfare system must balance the need to protect the child with the right of the family to be together. Studies have demonstrated the contribution of parental engagement in compliance and somewhat in collaboration, but not a significant amount of research has been done in the field of child welfare.

Gaps in the Research Literature

There is currently little empirical research regarding the parent's perspective of their experience in the child welfare system (Dawson & Berry, 2002; Kapp & Vela, 2004). Most of the studies reviewed focus on parent and/or child engagement in specific interventions and programs for child maltreatment prevention or family reunification. A review of the literature revealed minimal research related to early client engagement, and none was located that discussed client engagement in child welfare at the time of the detention of a child. The research reviewed had been conducted in the fields of mental health and education with a strong focus on adults rather than children (Littell, 2001; Tolan et al., 2002).

The literature review offered little in terms of research related to specific factors that would be consistent in predicting positive case outcomes for parents involved in child welfare or identify the impact of early engagement of family reunification. Additional research is also needed to better identify the relationship of reunification with gender, ethnicity, age of children and related demographic characteristics.

Summary

This chapter reviewed the literature on the construct of client engagement and a narrower focus on the literature regarding family reunification in child welfare. Few empirical studies on engagement had child welfare as the area of interest, and none directly linked engagement with reunification in child welfare. Engagement as a research focus primarily used client contact, involvement and participation as the most common variables (Little & Tajima, 2000; Yatchmenoff, 2005). This study examined those variables and built on the relationship between early parental engagement and case outcome (Alpert & Britner, 2009).

CHAPTER THREE

METHODOLOGY

While acknowledging the challenges and limitations of research in the field of engagement, this study was designed to examine the impact of early engagement efforts in child welfare. As noted in the literature review, not all predictors of engagement are applicable across other disciplinary fields (Littell et al., 2006). This chapter identifies the research questions and hypotheses, then discusses the methods that were used to test these questions.

Study Aims, Research Questions and Hypotheses

This section identifies the aims of this study, states the research questions, and states the hypotheses that were tested.

Aim 1: To generate descriptive data about engagement among parents whose children have been removed by the child welfare system.

Research Question 1.1: What is the initial level of engagement among parents whose children have recently been removed by the child welfare system?

Research Question 1.2: How often does the child welfare system facilitate engagement among parents whose children have recently been removed?

No hypotheses are formulated for this descriptive aim.

Aim 2: To examine the effect of initial level of parental engagement on family reunification.

Research question 2.1: Does the initial level of parental engagement predict the likelihood of family reunification after controlling for salient child and parental characteristics? (A detailed description of all variables is provided in Table 1.)

Hypothesis 2.1: A higher score on the initial level of parental engagement predicts the likelihood of family reunification after controlling for salient child and parental characteristics.

Aim 3: To examine the effect of child welfare system level engagement efforts on family reunification.

Research Question 3.1: Do a greater number of social work contacts with the parent affect the rate of family reunification after controlling for initial level of parental engagement and other salient child and parent characteristics?

Hypothesis 3.1: A greater number of social worker contacts with the parent will increase the likelihood of family reunification after controlling for initial level of parental engagement and other salient child and parent characteristics.

Research Question 3.2: Do a greater number of collateral contacts with the parent improve the likelihood of family reunification after controlling for initial level of parental engagement and other salient child and parent characteristics?

Hypothesis 3.2: A greater number of collateral worker contacts with the parent will improve the likelihood of family reunification after controlling for initial level of parental engagement and other salient child and parent characteristics.

Study Design

The study used a cross sectional design with short term follow-up. A self-report questionnaire and administrative data were utilized to test the hypotheses of interest. Social services surveys can be problematic due to sample size criteria, misunderstanding of question meaning and response error (Gelles, 1999). However, resultant data can be accurate and credible when the survey is administered by a trained interviewer with appropriate supervision (Fowler, 2002). Administrative data in child welfare are a very useful source of data and were used to derive covariates of interest (Vogel, 1999).

Study Participants – Recruitment and Sampling

Participants in the study group were drawn from the population of parents who had a child aged five and younger removed from their care and custody by social workers from the Children Services Division (CSD) of the Riverside County Department of Public Social Services in California. The age range was selected as these children are federally mandated to be returned to their home or a permanent plan established within six (6) months of the initial removal from the home (ASFA, 1997). Using purposeful sampling, participants were recruited into the study over a six (6) month period from May 2010 through October 2010.

At the time the child is taken from the home, the parent is given instructions by the social worker on where to report for the Detention Hearing at the Juvenile Court. The parent is also invited to attend an orientation program provided by CSD, which begins thirty minutes prior to the start of the court hearings. The Court Orientation Program is designed to provide the parent or caregiver an overview of the child welfare dependency

process. All attendees to the Court Orientation Program at each of Riverside County's three juvenile court sites were eligible to participate in the survey portion of the study.

At the court orientation program, the topic of this study was introduced to the attendees with clear guidance that participation was voluntary and would not influence the parent's individual case. As no case specific identifiers were provided on the survey, voluntary participation in the survey implied consent. The instructions for the survey identified options for the return of the survey.

Study Procedures

Data Collection

This study had two data collection components - a survey and subsequent extraction of administrative data. All study procedures were approved by the Loma Linda University's Institutional Review Board (IRB) and Riverside County Administration before data collection commenced.

Survey Tool

The survey used was the *Client Engagement in Child Protective Services* (CECPS) questionnaire (Yatchmenoff, 2005). This standardized instrument consists of nineteen questions with responses captured on a Likert-type scale of 1 to 5 with 1 indicating strong disagreement with the statement and 5 indicating a strong agreement with the statement (see Appendix 1). This instrument has been tested for internal consistency reliability and construct validity. To assess goodness of fit for the model, the measures of Normed Fit Index (NFI), the Adjusted Goodness of Fit (AGFI), and the Root

Mean Square Error of Approximation (RMSEA) were used. The initial model performed well with a NFI of .90, AGFI of .83, and RMSEA of .08. A second-order confirmatory factor analysis of the final model resulted in a NFI of .88, AGFI of .81, and RMSEA of .08. The construct validity demonstrated high internal consistency reliability with an alpha of .95.

The survey instrument was adapted, with Dr. Yatchmenoff's permission, to include six demographic items: three that were blank lines for participants to enter information (date, age, and age of the children removed) and three with check box selections (gender, ethnicity and level of education completed). The survey also included a court number ('J' number) assigned to the specific case which was the link to case information in the Child Welfare System/Case Management System (CWS/CMS).

Survey Procedures

During the first phase, survey data was collected from eligible study participants who agreed to take part in the study. The child welfare system court services staff were involved in the explanation of the study and the administration of the survey instrument. Staff were trained by the researcher in this process. The training included instruction for assistance on completing the survey and collection of the survey. Monitoring included weekly meetings to review and obtain feedback on the process.

Survey data was collected beginning the first court date after LLU IRB approval was obtained and training was completed. Potential participants were told of the eligibility criteria for the study - having a child five (5) years of age or younger removed from their care for the first time. Participants who met eligibility criteria and were

willing to participate in the study were informed about the purpose of the study, and its risks and benefits. They were also told that their participation would not influence their individual CWS case. Participants completed a 10-minute, structured questionnaire. The survey was designed to be self-administered with the court services staff trained and available to assist participants. The survey gathered data to determine the participant's level of initial engagement, and obtained select demographic information. The survey was available in English. The court services staff assigned to this study distributed the survey instrument and facilitated the process for completion. The agency staff followed a script to explain the study, provided instructions on completing the questionnaire and described methods to return the questionnaire. The participants most often returned the questionnaire at the conclusion of the Court Orientation Program session, with only three mailing the survey using the self-addressed, stamped envelope provided.

Each of the returned surveys was linked by the agency data staff to the administrative data via the participant's 'J' number. This number was assigned by the court and cross-indexed by the agency data unit to the referral number of the parent and any subsequent case number assigned to the oldest child detained to ensure anonymity. All data was reviewed for the deletion of case identifiers and entered into an Excel spreadsheet, which was then given to the researcher. The data were coded and imported into SPSS for analysis.

Administrative Data

Administrative data was accessed from the state-mandated case management database, CWS/CMS, for all cases that met the criteria for the study. This data source

yielded information on the dependent variable of case outcome status and the predictor variables of the number of social worker and collateral contacts. This data source also provided the covariate variables of the parent and child age, gender and ethnicity as well as identified parental risk factors and the primary type of allegation of child maltreatment.

Study Variables and Measures

Outcome Variable

The dependent variable, case status, is defined as court-ordered reunification of the child with the family and is a dichotomous variable (yes/no). Family reunification is defined for the California child welfare system as cases where a child is returned to the care and custody of his or her parent. Such outcomes are identified in CWS/CMS as “family stabilized” and “reunified with parent/guardian” (‘Court’ or ‘Non-court’). This outcome, reunification with the family, is based upon the social worker’s recommendation to court. That recommendation is the summation of a worker’s assessment of each parent’s behaviors in terms of case plan completion, compliance with the worker’s directives, and social worker’s observation of parent functioning, among other considerations. Federal requirements mandate that a child of this study’s focus age be reunified or have a permanent plan within six (6) months of being removed, therefore, data on this variable was collected six (6) months after the initial removal of the child.

Predictor Variable

The predictor variable of engagement was operationalized as follows 1) number of contacts with the social worker, 2) number of contacts with collateral workers, and 3) the initial level of engagement as established by a standardized survey instrument. A contact is defined as face-to-face meetings, telephone calls or written communication. Collateral contacts include contact with court social workers, public health nurses, eligibility workers and other non-primary social workers. Initial level of engagement was measured through Yatchmenoff's *Client Engagement in Protective Services* questionnaire (2005).

Covariates

Covariates included parent-level and child-level variables that were controlled to test the independent effect of engagement on reunification. Parent-level variables examined were age, gender, ethnicity, level of education, and presence of parental risk factors. Child-level variables investigated were age at the time of removal, gender, ethnicity, and primary allegation regarding the type of maltreatment. In CWS/CMS, there are 30 subcategories for ethnicity which were collapsed as follows: *White* included CWS/CMS subcategories of White, White-European, among others; *African-American* included CWS/CMS subcategories of Black and Ethiopian; *Hispanic* included CWS/CMS subcategories of Hispanic, Mexican, Central American, among others; and *Other* included CWS/CMS subcategories of Asian, American Indian, Filipino, and Pacific Islander among others. Subsequently, based on the distribution, the data were collapsed into three categories for study. The ethnicity categories were coded as White,

Hispanic, and Other (including African-American and Pacific Islander). It deserves to be noted that 5.4% of the parents were identified as African-American ($n = 8$) and, although reflective of the Riverside County population (5.8%), were collapsed into the category of 'Other' in the 'Ethnicity' variable. To maximize the analyses, the variable of Ethnicity was further collapsed as Hispanic and Other. The dichotomous variable of parental risk factor was determined from the administrative data. While CWS/CMS does not include a field for substance abuse or mental health concerns as a causal factor in a child's removal, if the case plan in CWS/CMS included substance abuse related services or any services related to mental health issues, the variable was counted as 'yes' regarding parental risk factors in the administrative data. The parent's level of education was obtained from the participant with information provided on the adapted survey. Table 1 provides an overview of all study variables.

Data Analysis

Cohen (2001) suggests having a sample size of fifty (50) plus eight (8) times the number of predictors (eleven in this study) to have a reasonable amount of power to yield a medium effect size ($r=.5$). He also recommends that a power of .80 is reasonable for behavioral sciences to decrease the chance for a Type II error. Jaccard and Becker (1997) suggest that a significance level of .05 reduces the chance of a Type I error. Based on these calculations, the target 'n' for this study was 138.

All data was stored in a Microsoft Office Excel spreadsheet. The Statistical Package for Social Sciences (SPSS) 19.0 software was used to run the univariate, bivariate and multivariate statistics for this study.

Table 1

Overview of Variables

Construct	Variable	Description	Coding	Measure/Data Source
Reunification Case Status	Child reunified with family	Court decision at six (6) months	Dichotomous 0 = reunified 1 = not reunified	CWS/CMS
Engagement	Initial parental engagement	Level of Engagement	Score from survey Continuous	Yatchmenoff's CECPS
	Social worker contact	Number of contacts with social worker	Continuous	CWS/CMS
	Collateral contact	Number of collateral contacts	Continuous	CWS/CMS
Parent-level	Gender	Gender of Parent	Dichotomous 0 = female 1 = male	CWS/CMS
	Age	Parent's Age	Continuous	CWS/CMS
	Parent's ethnicity	White, Hispanic, Other	Categorical 0= White 1 = Hispanic 2= other	CWS/CMS
	Parent's level of education	Level of education completed	Categorical 0=Did not complete high school 1= Completed high school 2 = some college, degree, graduate degree	Survey

Table 1. *Continued.*

	Parental risk factors	Any noted factors such as substance abuse, or mental health concerns	Dichotomous 0 = risk factors present 1 = no risk factor(s) identified	CWS/CMS
Child-level	Gender	Gender of Child	Dichotomous 0 = female 1 = male	CWS/CMS
	Age	Child's Age at Detention	Continuous	CWS/CMS
	Child's ethnicity	White, Hispanic, Other	Categorical 0= White 1 = Hispanic 2= other	CWS/CMS
	Primary type of maltreatment allegation	Physical Abuse, Severe Neglect, General Neglect, other (includes emotional abuse, sexual abuse, failure to protect, caretaker absence)	Categorical 1 = Physical Abuse 2= Severe Neglect 3 = General Neglect 4 = Other	CWS/CMS

Missing Values

The administrative data did not have any missing data as the variables were selected after determination that fields for the data existed in the CWS/CMS. The surveys had 2.7% of the values missing. The surveys were reviewed for input accuracy and completion. In one case, 17 of the 19 survey items were left blank; therefore that case was eliminated from further analysis. Tabachnick and Fidell (2007) indicate that

randomly missing fields of less the 5% of the data is not as problematic as missing data in a pattern and most procedures for handling the missing values will address the issue.

Group mean substitution was used to estimate the missing data for each of the variables reflecting group membership (Cohen, Cohen, West & Aiken, 2003; Mertler & Vannatta, 2002; Tabachnick & Fidell, 2007).

Survey Scores

The CECPS questions were coded into the four subscales as identified in Yatchmenoff's model: Buy-In, Receptivity, Working Relationship and Mistrust (Refer to Table 2.)

Table 2

Subscales for the CECPS

Factor	Survey Questions (* item is reversed scored)	Score
Buy-in	1, 4, 8, 10, 13, 14, 17, 18	Sum
Receptivity	2, 3*, 7, 15	Sum
Working Relationship	5*, 9, 11, 16*	Sum
Mistrust	6*, 12, 19	Sum
Engagement	Total sum of 4 subscales	Total

Data Analyses

Results of the univariate and multivariate data analyses are presented in response to the research questions. The conventional level for significance at $p \leq .05$ was used for

all analyses (Cohen, 2001). For this study, the unit of analysis for outcome is the child level. The outcome for each child on a case was included in the administrative data. The data collected for this study were compared to the survey instrument for model reliability (Cohen et al., 2003).

The first two research questions were addressed in the descriptive data results. The descriptive data provide summary statistics for the parent's and the child's overall demographic characteristics. A linear regression was conducted to check for multicollinearity (Cohen et al., 2003). Univariate analyses were used to identify the mean, median and standard deviation scores for the initial level of engagement. The frequency distribution identified the totals and percentages for all categorical variables. Additionally, the mean, median and standard deviation were provided for the continuous variable of the child's age at detention. The group of interest served as the standard reference group for the following categorical variables: parent and child gender, female; parent and child ethnicity, Hispanic. There was not much variability in the covariate, primary allegation (88%), and it was therefore eliminated from further analysis.

The remaining research questions were examined using logistic regression to determine prediction of the outcome (reunification). Logistic regression allows for several independent variables but does not require assumptions about the distributions of the independent variables (Cohen, 2001; Mertler & Vannatta, 2002). Logistic regression does not have assumptions about the distribution of the predictor variables; the predictors do not have to be discrete, normally distributed, linearly related or have equal variance within each group. Logistic regression offered a more complete description of the

dichotomous dependent variable (reunification) and the influence of a particular independent variable (Tabachnick & Fidell, 2007).

For the second set research questions, the logistic regression tested if the independent variable of the initial level of engagement predicted the dependent variable of reunification of the family after controlling for salient child and parental characteristics (Cohen et al., 2003; Lewis-Beck, 1980; Mertler & Vannatta, 2002; Tabachnick & Fidell, 2007).

To answer the third set of research questions, a series of logistic regressions were conducted to determine the association between case outcome and the variables, indicating whether or not the variables were independent (Cohen, 2001). Separate logistic regression models were conducted for each of the engagement variables, allowing for the comparison of the independent variables of engagement with the dependent variable of reunification, but controlled for any of the covariates that might have accounted for impact on the dependent variable (Cohen, 2001; Jackard & Becker, 1997).

Parent and child factors were entered first for control then the engagement variables (level of engagement, number of social worker contacts, and number of collateral contacts) were entered.

For research question 3.1, the number of social worker contacts was analyzed with the dependent variable of reunification. For research question 3.2, the number of social worker contacts was removed as that variable did not play a significant role in reunification. The collateral contacts were then analyzed with the dependent variable of reunification. A further analysis was conducted on engagement variables. A logistic

regression was conducted on engagement with social workers and collateral contacts added.

CHAPTER FOUR

RESULTS

The purpose of this research was to examine whether early engagement efforts increase the likelihood of family reunification. This chapter reports the results of the analyses. It describes data screening methods and presents descriptive, bivariate, and multivariate findings.

Data Screening

A total of 247 surveys were collected from parents/guardians who had children removed from their care during the study period. First, data were reviewed to determine whether participants met eligibility criteria, which were as follows: (1) the child was five years old or younger, (2) this was the first interaction with the child welfare system with this child, and (3) the survey instrument could be completed in English. Since data collection involved a self-administered survey, eligibility criteria could not be established with certainty prior to participants filling out the survey. While the instructions for the study specified eligibility criteria, it was anticipated that surveys may be filled out by participants not meeting these criteria. As such, we oversampled in order to reach the target sample size of 138.

Of the surveys collected, 97 did not fall within the study's focus. Of these, 75 were excluded as the surveys concerned children over the age identified for the study, were cases that transferred from another county, or were completed in Spanish. An additional 22 were excluded as the judge either did not remove the child or dismissed the

petition to remove the child at the hearing. The remaining sample size of 150 still exceeded the target sample size of 138.

Data were examined for accuracy and missing values. Upon examination, the administrative data were not missing any values. There were very few instances (2.7%) of missing survey data. As noted in Chapter 3, one survey had to be excluded as the survey was incomplete. A linear regression was conducted to screen for multicollinearity (tolerance $>.2$ and VIF <10).

Descriptive Data

Table 3 displays the demographics of the final sample. Number totals and percentages are provided for categorical variables. The mean and standard deviation score is provided for continuous variables.

The study sample included 121 (80.7%) mothers and 29 (19.3%) fathers. Since the child is typically removed from the parent that has physical custody of the child, this is consistent with the social norm of the mother having custody of the child. The mean age of the parent was 27.8 (SD = 6.7) years of age. More than half of the sample (55.3%) was Hispanic, 37.3% were White, and the remaining participants' ethnicity was collapsed into the category "Other." As noted in Chapter 3, the percentage of African-American participants (5.4%), while reflective of the county population, was too small for analysis and therefore collapsed into the category for ethnicity of "Other." For analytic purposes, this variable was further collapsed into Hispanic or Not Hispanic. Parents who identified having some college or a college degree were collapsed into one variable

Table 3

Characteristics of the Study Participants (N=150)

Variable	<i>n</i> (%)	<i>M</i> (<i>SD</i>)
Dependent Variable		
Reunified	56 (37.3)	
Not Reunified	94 (62.7)	
Engagement Variables		
Level of Engagement		63.8 (15.4)
Social Worker Contacts		19.0 (12.0)
Collateral Contacts		7.2 (8.8)
Parent-Level Variables		
Parent Age		
Parent Age (years)		27.8 (6.7)
Parent Gender		
Male	29 (19.3)	
Female	121 (80.7)	
Parent Ethnicity		
Hispanic	83 (55.3)	
Other	67 (44.7)	
Parent Level of Education		
Did not complete high school	42 (28.0)	
Completed high school	55 (36.7)	
Some college or degree	53 (35.3)	
Parental Risk Factors		
Present	115 (76.7)	
None identified	35 (23.3)	
Child-Level Variables		
Child's Age		
At Detention (months)		28.0 (19.8)
Child Gender		
Male	71 (47.3)	
Female	79 (52.7)	

Table 3. *Continued.*

Child Ethnicity	
Hispanic	79 (52.7)
Other	71 (47.3)
Primary Allegation Type	
General Neglect	132 (88.0)
Other	18 (12.0)

“Some college or degree” (35.3%) for further study. More than three-quarters (76.7%) of the study participants had at least one risk factor identified.

The study sample included 70 (46.7%) boys and 80 (53.3%) girls. The mean age of the child at the time they were removed from their parent was 28.0 months (SD = 19.8) with a minimum age of 5 days and a maximum of 5 years. The majority of the children were Hispanic (52.7%) with 40.0% White and 7.3% Other. Since the category of Other was small, the covariate of child’s ethnicity was collapsed into Hispanic and Not Hispanic for purposes of further analyses. The type of abuse allegation was skewed significantly to General Neglect (88.0%). This variable was tested to determine it if would contribute to the final model when collapsed into General Neglect and Other. This variable was then used as such in the rest of the analyses. Almost two-thirds of the children (62.7%) did not reunify with their parents within the six-month time frame.

Descriptive Analysis

In this section, descriptive analyses for research questions 1.1 and 1.2 are presented.

Research Question 1.1

What is the level of engagement among parents whose children have recently been removed by the CWS?

Study participants completed the Client Engagement with Child Protective Services (CECPS) survey, which was a series of questions to determine the respondent's level of engagement. The survey for this study showed good reliability (Cronbach's $\alpha = .93$) consistent with Yatchmenoff's (2005) CECPS survey (Cronbach's $\alpha = .95$). The ranges for the subscales for this study matched the range of the CECPS survey. *Buy-in* ranged from 8 – 40 (M = 28, SD = 7.22). *Receptivity* had a minimum score of 4 with a maximum score of 20 (M = 13, SD = 3.49). The subscale *Working Relationship* ranged from 4 – 20 (M = 13, SD = 3.93). *Mistrust* had a minimum score of 3 with a maximum score of 15 (M = 10, SD = 3.09). The level of engagement for the study participants was derived by adding the score for each of these four (4) factors thus creating a sum score with a possible range from 19 to 95. In Yatchmenoff's study, the summed *Engagement* factor had a mean of 65.4 and the Standard Deviation of 17.2. The summed score for this study was then used as the independent variable "Engagement" in subsequent analyses. The minimum "Engagement" score was 27 and the maximum score was 94 (M = 63.76, SD = 15.38).

Research Question 1.2

How often does the CWS facilitate engagement among parents whose children have recently been removed by the CWS?

Facilitated engagement was defined as the number of social worker contacts and the number of collateral contacts made with the parent during the study period from May 2010 through October 2010. This data was pulled from the administrative data in CWS/CMS. The minimum number of social worker contacts was 1 and the maximum was 65 ($M = 19$, $SD = 11.99$). The minimum number of collateral contacts was 0 and the maximum was 39 ($M = 7$, $SD = 8.77$). These data were used as the predictor variables “Social Worker Contacts” and “Collateral Contacts” in subsequent analyses.

Bivariate Analyses

The remaining questions involved hypotheses testing. Descriptive statistics for all covariates were presented in Table 3.

Bivariate analyses were conducted to test the individual relationship between each predictor variable and the dependent variable ‘reunification’. Chi-square tests and t-tests were conducted to test for relationships between the specific variable and the reunification outcome with the results presented in Table 4.

The t-tests indicated that reunified cases scored lower compared to non-reunified cases with regard to Buy-In ($M = 26.0$ versus $M = 28.8$), Receptivity ($M = 12.5$ versus 13.8), Mistrust ($M = 8.8$ versus $M = 10.02$), and Engagement ($M = 60.0$ versus 66.0). There were no statistically significant differences in reunification with regard to either Social Worker Contacts ($p = .31$) or Collateral Contacts ($p = .88$). None of the covariates distinguished between reunified and not reunified cases in the chi-square tests at a statistically significant level. There was no ability in the parent level variables (gender, ethnicity, level of education or risk factors) and child level factors (gender, ethnicity and

type of primary allegation) to predict reunification with the parent. The same held in the t-tests for the variables of the parent and child age. The next step involved conducting multivariate analyses. Findings are presented for each research question.

Table 4

Bivariate Analyses of Variables and Reunification

Factor	Reunified		Not Reunified	
	M (SD)	N (%)	M (SD)	N (%)
Predictor Variables				
Buy-in*	25.9 (8.2)*		28.8 (6.3)	
Receptivity*	12.5 (3.4)*		13.8 (3.5)	
Working Relationship	12.9 (4.0)		13.3 (3.9)	
Mistrust*	8.8 (3.3)*		10.0 (2.9)	
Engagement*	60.1 (16.7)*		66.0 (14.1)	
Social Worker Contacts	20.3 (11.7)		18.2 (12.2)	
Collateral Contacts	7.1 (9.4)		7.3 (8.4)	
Parent Level				
Age (years)	27.4 (5.6)		28.0 (7.2)	
Gender				
Male		13 (23.2)		16 (17.0)
Female		43 (76.8)		78 (83.0)
Ethnicity				
Hispanic		26 (46.4)		57 (60.6)
Not Hispanic		30 (53.6)		37 (39.4)
Level of Education				
Did not complete high school		17 (30.4)		25 (26.6)
Completed high school		19 (33.9)		36 (38.3)
Some college or degree		20 (35.7)		33 (35.1)

Table 4. *Continued.*

Risk Factor		
Risk Factor Present	45 (80.4)	70 (74.5)
No Risk Factor Identified	11 (19.6)	24 (25.5)
Child level		
Age (months)	27.6 (17.6)	28.2 (21.1)
Gender		
Male	27 (48.2)	44 (46.8)
Female	29 (56.8)	50 (53.2)
Ethnicity		
Hispanic	24 (42.9)	55 (58.5)
Not Hispanic	32 (57.1)	39 (10.6)
General Neglect		
Other	48 (85.7)	84 (89.4)
	8 (14.3)	10 (10.6)

* P<0.05

Research Question 2.1

Does the initial level of parental engagement predict a higher likelihood of family reunification after controlling for salient child and parental characteristics?

A logistic regression was conducted to determine if the independent variable, level of engagement, is a predictor of the child's reunification with the family. Parent level variables were entered, then the child level variables were entered, and finally, the dichotomous dependent variable of reunified or not reunified was entered. Regression results indicated that the best model fit was the level of engagement as a predictor (chi square = 12.964, p<.05 with df = 11). However, the odds ratio was fairly small (OR =

1.03). The model correctly identified only 61.3% of the cases overall but predicted 83% of the cases not reunified. The logistic regression results are listed in Table 5.

There is a small, but significant, likelihood of a child being reunified versus not being reunified with the parent with a higher level of engagement. For every increase in engagement, the odds of reunification went up by .3%. The model indicated that none of the parent or child level covariates identified likelihood between reunified and not reunified cases at a statistically significant level.

Table 5

Logistic Regression Model of the Odds of Reunification with Level of Engagement

Variable	OR	LL	95% CI UL	p value
Predictor				
Engagement	1.03	1.00	1.05	.05*
Parent-Level Covariate				
Age (years)	1.02	.96	1.07	.74
Gender (ref: female)	1.42	.58	3.50	.45
Ethnicity (ref: Hispanic)	1.47	.50	4.36	.49
Education (ref: no High School)	1.23	.77	2.00	.34
Completed High School	.59	.23	1.54	.28
Some College or Degree	1.24	.54	2.87	.62
Risk Factor (ref: present)	.58	.24	1.41	.23
Child-Level Covariate				
Age (months)	1.00	.98	1.02	.88
Gender (ref: female)	1.07	.52	2.20	.85
Ethnicity (ref: Hispanic)	1.79	.59	5.46	.30
Primary Allegation (ref: General Neglect)	1.36	.47	3.93	.57

Note: Used Enter Method; OR = odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit.

* p < .05

Research Question 3.1

Do a greater number of social work contacts with the parent affect the rate of family reunification after controlling for initial level of parental engagement and other salient child and parent characteristics?

A logistic regression was conducted to determine if the number of social worker contacts, in the presence of the level of engagement and other parent and child covariates previously identified, predicted reunification with the family. Table 6 presents the results of the regression analysis.

The number of social worker contacts did not provide a significant prediction (chi square = 13.19, $p = .59$, $df = 12$) of reunification. The Wald statistic (.23) was not significant ($df = 1$, $Sig. = .63$). While the number of social worker contacts was not a significant predictor of reunification, it did indicate some positive influence (-2 Log likelihood = 187.829) on the case outcome.

While accounting for the number of social worker contacts, none of the covariates demonstrated a significance prediction of reunification or no reunification.

Research Question 3.2

Do a greater number of collateral contacts with the parent improve the rate of family reunification after controlling for initial level of parental engagement and other salient child and parent characteristics?

Table 6

Logistic Regression Model of the Odds of Reunification with Social Worker Contacts

Variable	OR	LL	95% CI UL	p value
Predictor				
Social Worker Contacts	.99	.96	1.02	.63
Parent-Level Covariate				
Age (years)	1.01	.96	1.07	.72
Gender (ref: female)	1.36	.54	3.41	.51
Ethnicity (ref: Hispanic)	1.44	.48	4.33	.51
Education (ref: no High School)	1.20	.76	1.92	.33
Completed High School	.59	.23	1.52	.27
Some College or Degree	1.24	.54	2.88	.61
Risk Factor (ref: Present)	1.59	.24	1.43	.24
Child-Level Covariate				
Age (months)	1.00	.98	1.02	.92
Gender (ref: female)	1.09	.53	2.25	.82
Ethnicity (ref: Hispanic)	1.76	.57	5.42	.32
Primary Allegation (ref: General Neglect)	1.38	.48	3.98	.55
Engagement	1.02	1.00	1.05	.05*

Note: Used Enter Method; OR = odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit.

* p < .05

After entering all parent and child covariates and the parent's level of engagement, the number of collateral contacts with a parent was entered. Logistic regression results indicated the model was not a good fit as a predictor (chi square = 12.97, p=.37, df = 12). The Wald statistic (.002) could not predict and was not significant (df = 1, Sig. = .97). Table 7 lists the results of the logistic regression.

While the number of collateral contacts was not a significant predictor ($p = .97$) of reunification, it did indicate some positive influence (-2 Log Likelihood = 185.932), on the case outcome. This model was good at predicting cases that were not reunified (83%) but did not perform as well at predicting reunified (25%).

Table 7

Logistic Regression Model of the Odds of Reunification with Collateral Contacts

Variable	OR	95% CI		<i>p</i> value
		LL	UL	
Predictor				
Collateral Contacts	1.00	.96	1.05	.97
Parent-Level Covariate				
Age (years)	1.01	.96	1.07	.74
Gender (ref: female)	1.42	.57	3.50	.45
Ethnicity (ref: Hispanic)	1.57	.49	4.37	.49
Education (ref: no High School)	1.20	.75	1.90	.34
Completed High School	.59	.23	1.54	.28
Some College	1.24	.53	2.91	.62
Risk Factor (ref: Present)	.58	.23	1.44	.24
Child-Level Covariate				
Age (months)	1.00	.98	1.02	.89
Gender (ref: female)	1.07	.52	2.22	.85
Ethnicity (ref: Hispanic)	1.80	.59	5.48	.30
Primary Allegation (ref: General Neglect)	1.37	.47	3.94	.57
Engagement	1.02	1.00	1.05	.05*

Note: Used Enter Method; OR = odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit.

* $p < .05$

Follow up Analysis

Finally, a logistic regression was conducted with all covariates and the three independent variables of engagement (level of engagement, social worker contacts, and collateral contacts) with the dependent variable of reunification. Table 8 lists those results.

Table 8

Logistic Regression Model of the Odds of Reunification with All Predictor Variables

Variable	OR	95% CI		p value
		LL	UL	
Predictor				
Engagement	1.02	1.00	1.05	.05*
Social Worker Contacts	.99	.96	1.02	.63
Collateral Contacts	1.01	.96	1.05	.99
Parent-Level Covariate				
Age (years)	1.01	.96	1.07	.72
Gender (ref: female)	1.36	.54	3.41	.51
Ethnicity (ref: Hispanic)	1.45	.48	4.34	.51
Education (ref: no High School)	1.24	.77	1.99	.33
Completed High School	.59	.23	1.52	.27
Some High School	1.24	.53	2.91	.62
Risk Factor (ref: Present)	.59	.24	1.47	.26
Child-Level Covariate				
Age (months)	1.00	.98	1.02	.92
Gender (ref: female)	1.09	.52	2.26	.82
Ethnicity (ref: Hispanic)	1.76	.57	5.44	.33
Primary Allegation (ref: General Neglect)	1.38	.48	3.99	.56

Note: Used Enter Method; OR = odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit.

* p < .05

The overall model was not as good a fit (-2 Log Likelihood 185.020, Nagelkerke $R^2 = .115$) as the partial model of engagement in predicting reunification (83%). The regression results for the model were significant for engagement (chi square = 25.06, $p = .002$, $df = 8$). In other words, for each unit increase in the parent's engagement, the likelihood of reunification with the child increased 2% in this model. The number of social worker ($p = .65$) or collateral contacts ($p = .80$) did not contribute to this model, consistent with the prior analyses. Additionally, none of the parent or child factors were significant predictors to the likelihood of reunification.

Summary

The findings indicate that there is a small predictive relationship between early engagement and a successful outcome for a child removed from his/her family by child welfare staff. The clearest finding suggested that the parent's initial level of engagement was significant in predicting the reunification of a child five years of age and younger with his/her family six (6) months after the removal.

While the number of social worker or collateral contacts were not significant predictors of reunification, they did indicate some positive influence (-2 Log likelihood = 185.021 and -2 Log Likelihood = 185.246) on the case outcome. While O'Connell (2006) reports that such classification statistics should not be used as the only criteria to determine the best model, it does inform a fuller understanding of the model. None of the parent level or child level factors contributed to the final model. This was also confirmed in the bivariate analyses.

CHAPTER FIVE

DISCUSSION

This chapter will discuss the findings and implications for this study. It is divided into three sections: (1) Discussion of the Findings, (2) Limitations, and (3) Suggestions for Future Research and Policy.

Discussion of Findings

The broad aim of this study was to investigate the early engagement of parents involved with the child welfare system and to examine its influence on reunification with the child. This study was unique in its use of multiple constructs of engagement as a variable of interest. Engagement was conceptualized to include the parent's initial level of engagement, the number of social worker contacts and the number of collateral contacts. The study results suggest that the parent's level of engagement was a marginal predictor of the likelihood of reunification. The most unexpected result was that of the apparent lack of influence the number of social worker contacts had on the likelihood of reunification.

Research Question 1

The first aim of the study was to generate descriptive data about engagement among parents whose children have been removed by child welfare. Research with non-voluntary clients, such as parents in the child welfare system, is problematic but provides context for interpreting the results. The majority of the participants (80.4%) were females, which is consistent with the literature (females have physically custody of child,

responsible for their care, etc). The Court detains the child from the parent who has physical custody of the child; therefore detentions are typically from the mother.

During the study period, a major appellate decision led social workers to be reluctant to use any allegation other than General Neglect. A macrosystem issue that had a significant impact on this study was the legal criteria the Court uses to detain a child. For any type of abuse allegation other than General Neglect, law enforcement must detain the child. A social worker has to make the case on prima facie evidence to detain on General Neglect, so most cases before the Court involve a primary allegation of General Neglect. This resulted in the covariate of General Neglect (88.0%) as the primary type of abuse. The lack of variability made a thorough examination of this factor unsatisfactory.

The majority of both the parents (55.3%) and children (52.7%) in this study were Hispanic and at a somewhat higher percentage than the general Hispanic population (50.0%) of Riverside County and higher than the Hispanic children in out-of-home care (45.0%). This may be an area to investigate in the county's disproportionality study although there was no significant relationship between ethnicity and reunification in this study.

Research Question 1.1

The first question to answer concerned determining the initial level of engagement for a parent involved with the child welfare system. Social workers struggle daily with how best to work with their clients. Service outcomes have been the primary focus of child welfare; but engaging the parent in the recommended services is critical to the successful reunification with the child (Yatchmenoff, 2005). The child welfare

system has only recently begun to look at engagement. This study used a survey to assess the level of engagement the parent had at the beginning of his or her involvement with the child welfare system. The CECPS survey instrument had a possible range of scores from 19 to 95 with a mean of 65 (Yatchmenoff, 2005). The results of individual scores for this study ranged from 27 to 94 with an average of 64. The determination of the initial level of engagement indicates the willingness of parents to participate in the process, even if they do not perceive the process as needed or helpful. The wide range of scores indicate that the level of a parent's engagement will include those parents inherently willing to work with the system as well as those parents that will need additional strategies to enhance their engagement in the process.

The level of engagement is an attitudinal factor in the study's construct of engagement and obtained as a self-report from the parent. The child welfare system does not impose a requirement that a parent bring with them a certain level. The other factors of engagement for this study, number of contacts, are driven by system requirements. The parent is probably unaware of any particular level or willingness to engage in the process, the parent just wants to know why he or she is before the court and what happened to the child (Janko, 1994). The survey used in this study gives a voice to the parent and allows the child welfare system the capacity to hear the parent's perspective of this process. This rudimentary dialogue can be seen as more than solely an interaction between the family system and child welfare/court system but as an opportunity to exchange perceptions and influence decisions (Bronfenbrenner, 1986).

Research Question 1.2

The second question addressed by the descriptive data was to determine the frequency that the child welfare staff facilitated engagement with the parents of a child removed from their care. The number of social worker visits ranged from one (1) visit during the six months of the study to 65 during the six months with an average of 19 visits. This low number was not anticipated as it only meets the minimum standards. The standards are required by state regulations when department policies deem a much higher number of contacts for children in this age range. The low number of contacts may be explained by workload impact or may be a result of inadequate supervision. This minimal contact with the parent, especially when the child is first removed from their care, may leave the parent feeling abandoned and isolated (Dawson & Berry, 2002). Such a beginning may overshadow a parent's ability to take advantage of services or other interventions. If the parent perceives the microsystem of parent/social worker as cursory, reunification efforts may be impacted (Tuttle et al., 2007). Other facilitated engagement interventions have been noted in the literature. One study found that while an early engagement effort such as a telephone contact was significant in the parent's follow through on initial attendance at an intervention, such a facilitated method was not solely a predictor of the parent's on-going engagement (Kempe, 2009). This illustrates the importance of the social worker knowing the parent's level of engagement and developing strategies to enhance and continue the parent's participation in the reunification process.

Collateral contacts include other child welfare staff that interact with the parent such as fiscal eligibility workers, public health nurses, workers that determine Indian

Child Welfare Act (ICWA) eligibility and family connections. These contacts were less frequent than the social worker contacts with a range from zero (0) to 39 visits in the six month study period with an average of seven (7). Collateral contacts that occur but are not captured in CWS/CMS include staff from other systems such as other Court offices (drug court or family court among others), attorneys, and the child support system. Most of these contacts take place at the Detention Hearing and, taken together, can be overwhelming to the parent.

Another confounding issue to consider is that this study had the short time period of the federally mandated six-month time period for the outcome of reunification. Other studies that reported contacts as a predictor of reunification examined reunification at 12-month and 18-month time periods (Frame et al., 2006; Zeller & Gamble, 2007). It is possible that the number of child welfare contacts may increase over time or change in focus and urgency.

Hypothesis 2

Testing for Hypothesis 2 determined that the parent's level of engagement in the presence of other salient characteristics can predict the likelihood of reunification with the child. None of the covariates of parent and child level characteristics were adequate predictors of the likelihood of reunification. Parental risk factors were not a significant determinant to the likelihood of reunification. There may be additional factors, such as domestic violence, not captured in the administrative data that might enhance the predictive quality of this variable. A closer look at specific risk factors is warranted if such data were collected and clearly identified in the CWS/CMS. A social worker's low

expectations towards parents with substance abuse issues or mental health concerns might be prejudicial and unsupported as this study did not demonstrate significant findings linking parental risk factors as a barrier to the likelihood of reunification.

Similar assumptions may be present in regards to a parent's level of education or even age. Worker bias as to the parent's completion of high school or young age appears unfounded as neither of these factors indicated significance in this study related to reunification (Huebner, 2006; Janko, 1994).

The child's age at detention did not predict the likelihood of reunification. Other studies reported that the younger the child, the less likely the child was to be reunified with his or her family (Pabustan-Claar, 2007). The reason for removal may have an impact on this as the reason for removal was predominately General Neglect, as noted previously.

Recognizing the parent's initial level of engagement in the child welfare process would lend support for the child welfare agencies to focus on efforts to actively assess for and identify strategies to enhance the parent's engagement with the child welfare process.

The level of engagement is comprised of four components. *Buy-in*, *Mistrust*, and *Receptivity* were individually significant as predictors of the likelihood of reunification and contributed to the predictive capacity of the variable of *Engagement*. Examination of the four dimensions of engagement in the study's survey revealed the component of *Working Relationship* did not show significance as did the other components. This finding is congruent with studies that indicate that the worker-parent relationship should be one of mutual regard (Kazdin & Wassell, 1999). This study also supported prior research regarding the factor of *Mistrust* in that parents often initially distrust the system

and do not believe the worker (Dawson & Berry, 2002; Janko, 1994). *Receptivity* as a significant predictor of reunification appears to contradict the belief that involuntary parents are resistive.

The overall construct of initial engagement was a significant predictor of the likelihood for reunification albeit a marginal predictor. This appears to corroborate prior studies that suggest that the minimal results may be indicative of the parent's willingness to comply with child welfare requirements but not necessarily be engaged in the process (Yatchmenoff, 2005). While the parent's behavior assists in the completion of services which may lead to reunification, this study's finding of engagement as a predictor indicates a measure of the parent's predisposition to participate in the process. Early engagement is thought to increase the parent's proactive efforts in participating in decision making, the likelihood that services would be received, and that the relationship with the social worker be viewed as a partnership (Dawson & Berry, 2002).

The difference in mean for this study versus the norm of the Yatchmenoff's study (2005) may be partially attributed to the nature of the survey collection. The parents that attended the Court Orientation Program, where the survey was distributed, may have attended and completed the survey due to their innate higher level of engagement. This parental motivation might also moderately account for the non-significance of child welfare contacts.

Hypothesis 3.1

This hypothesis stated that a greater number of social worker contacts with the parent will increase the rate of family reunification after controlling for initial level of parental engagement and other salient child and parent characteristics. Surprisingly, the

results for this question did not support the hypothesis. The number of social worker contacts did not play a significant role in reunification.

Social workers are required to work intensively with the family the first two months after the initial contact and make face-to-face visits with the parent and the child at least once a month thereafter. The mean of 19 visits indicates that, on average, the workers did not meet the minimal best practice standards, which may have impacted the quality of the visits, the parent's perception of the visits, and efficacy of the visits (Albert, 2005; Huebner, 2008). The number of contacts from CWS/CMS includes face-to-face as well as written and telephone contacts, so the low average number is a concern. The findings in this study were unexpected as some of the literature suggested that social worker visits were an indicator of reunification (HHS, 2008). However, some studies referred to the quality of the visits rather than solely the quantity and noted the mistrust with the social worker relationship (Altman, 2008, Dawson & Berry, 2002). Further investigation is warranted.

The relationship with the social worker is supported in the literature as a key indicator of a successful case outcome (Alpert & Britner, 2005). With a limited number of interactions, the parent may only understand the relationship with the social worker as judgmental, punitive and adversarial. Child welfare staff should present themselves as a trusted and caring resource for the parent (Thoburn, 1995).

Hypothesis 3.2

This hypothesis examined if a greater number of collateral worker contacts with the parent improved the rate of family reunification after controlling for initial level of

parental engagement and other salient child and parent characteristics. This study's findings suggest that the number of collateral contacts did not impact the likelihood of the family's reunification. While not significant, the Wald statistic did indicate the quantity of collateral contacts may have a slightly higher positive influence on reunification. Many of the collateral contacts are strictly for information gathering. Eligibility workers gather fiscal information, the public health nurse gathers medical and educational information and other workers gather specific information such as identification of potential Indian heritage or locating relatives for placement. This single purpose is a missed opportunity to provide the parent with needed information in the child welfare process (Altman, 2006). The collateral worker could provide the context for asking for the information such as in the contact with the eligibility worker. This worker asks about income information along with other items but does not inform the parent that the information will be used to assess fiscal sanctions against the parent.

The collateral contacts appear to not directly assist the parent in the reunification process. Further study might shed light on the quality of these interactions and how such contacts can support the reunification process.

Limitations

Current research on engagement in child welfare is limited to inform or use as a guide for this study. There are a number of limitations to be considered prior to drawing conclusions about this study. This study was conducted with a narrow population in one county in one state. This study was not able to account for all of the predictors of engagement described in the literature such as the quality of the parent/social worker

relationship or the direct impact of substance abuse or specific mental health concerns on child safety.

The voluntary participation in the surveys was limited to the small pool of parents who attended the Court Orientation program. The surveys were distributed in English only as the Court Orientation is currently only presented in English. It is also not clear as to the cultural bias or considerations of the survey instrument. Response bias may be present as parents who self-selected out of participation due to being overwhelmed or too emotional may have completed the survey to indicate a lower initial level of engagement (Alpert & Britner, 2009).

Although the CWS/CMS database is the most complete information available, using administrative data from child welfare can be problematic. Limitations of administrative data related to this study include that not all salient factors are collected by child welfare, and there are concerns about the accuracy of the data (Vogel, 1999). Some information that could explain case outcomes are excluded, such as specific substance abuse or recognized mental health diagnoses. Another limitation to the use of administrative data is the reliability of the data. Variables, such as case outcome and type of abuse, are subject to data entry error. This error may be due to overlapping definitions and multiple fields in which to enter the information. Although examination of a county-level dataset may provide limited ability to generalize findings, it remains a critical level of analysis (US DHHS, 2004).

Other systemic issues impacted the data gathered. The CWS/CMS tracks case court data that is entered consistent with the Court order, which, as noted earlier, skewed the data significantly in the variables of gender and primary abuse allegation.

Parents of children involved with the child welfare system are problematic to have included in studies (Alpert & Britner, 2009). They may perceive completion of surveys as one more document to cope with, they may have a prior negative experience with law enforcement or the Court, or they may fear, despite reassurances to the contrary, that their participation will impact their child welfare case.

Suggestions for Future Research and Policy

Suggestions for Research

This study promotes additional research in several areas. Research in engagement is growing in relation to the workforce and religious institutions. This study shows the need for further research in early engagement in child welfare given the federal six-month mandate to have a permanent plan or reunify families of the youngest children.

While no single measure of engagement can assess or predict a parent's successful reunification with his/her child, it is important to acknowledge the role it plays in the process. First, examining the concept of engagement as a multiple construct in additional counties would enhance the generalizability of the findings. Future research should use this study's conceptual model of engagement to test other aspects such as the social worker's opinion of the parent's level of engagement as it may influence the worker's recommendations for services or other aspects of the case. How would the level of initial engagement inform communication between the social worker and the client? If initial client engagement is low, how can the social worker engage the client more effectively? Are other parental characteristics inhibiting engagement such as socio-economic status, history of domestic violence, or developmental delays?

Further research is needed in assessing the quantity of social worker contacts as well as clarifying the impact of the quality of those contacts. In addition, assessing the quality of the collateral contacts may shed light as to why and how those contacts contribute to the parent's successful reunification.

This study was limited to a six month period. Examining the same factors over time would enhance understanding of the micro systems relationships. A longitudinal study of engagement with added time points of 3 months, 6 months, 12 months and 18 months would not only be a more robust study but has the potential to assess engagement with re-entry to child welfare.

While the parent's level of engagement is not the only predictor of a successful outcome in child welfare cases, this factor should be studied in conjunction with other identified predictors. As barriers of engagement mirrored barriers to reunification, future research in studying predictors of engagement, especially in context of predictors of reunification, is worthwhile. Compliance with offered services is another predictor of reunification where research is needed to determine how to engage parents in those services (Dawson & Berry, 2002). Parent resiliency may also be a factor to explore in the role it plays in engagement and family reunification. Additional research should differentiate between engagement and satisfaction, commitment, involvement and similar definitions.

Implications for Policy

As noted earlier, there are few studies to inform policy and guide practice regarding engagement in child welfare. Almost all parents involved in the child welfare

system are involuntary clients. They do not see a need for forced services and may be resistive (Altman, 2006). Both early detection of the parent's level of engagement as well as effective engagement interventions will inform reunification activities. Findings of the predictive value of the engagement may inform future child welfare efforts in family reunification at the earliest stage.

This study contributed to the body of knowledge on engagement and informs policy makers as to the effect of early engagement in child welfare. Awareness of the importance of a parent's level of engagement early in the process could promote dedicating child welfare resources to more robust initial contacts, developing appropriate early interventions and shifting organizational practice to partner with the parent in family reunification efforts.

This study points to the positive role of the parent's initial level of engagement. In acknowledging this contribution to the microsystem of social worker and parent, some worker bias might be mitigated. The social worker and parent could work towards capitalizing on the parent's motivation in collaboration versus focusing on deficits of the parent. Initial contacts could direct the social worker and parent to focus efforts on understanding what the parent perceives as the need.

The social worker has a very limited time to work with the parent to reunify the family (ASFA, 1997). The child welfare staff should work with the parent to determine what services are needed and how those services should be obtained rather than impose a series of referrals. Contacts between child welfare staff and the parent at the beginning of the case should be intense, purposeful and frequent (Kemp, 2009). These initial contacts

not only set the tone and expectations for the parent but need to also clearly inform the parent of the requirements and consequences.

Continuing this theme, the mesosystem could shift the microsystem interactions. Early interventions, such as the Court Orientation program, might be enhanced with a consistent message to target those parents with a willingness and capacity to engage in reunification efforts. Child welfare should educate staff regarding engagement beyond the concepts of compliance or attendance. Training could build worker competencies in enhancing engagement both with resistive as well as compliant parents. Training policies should also increase self-awareness of worker bias. Workers may have the faulty belief that a parent with a low level of engagement does not want to reunify with the child. Worker education should also include how to work with families where the parents have different level of engagement.

The mesosystem interaction between the two systems of child welfare and the family could shift to be more effective in working with the parent. Child welfare policies must focus on enhancing social worker capacity to develop caring relationships with parents. Parents want honest, straightforward information from the social worker (Janko, 1994). With minimal contact, the social worker is hampered in developing the kind of relationship needed to help the parent. Child welfare agencies can support the worker's role by reducing caseload requirements, allowing worker discretion on mandated tasks and enhancing the quality of supervision.

Mesosystem interactions of macrosystems could also shift to capitalize on parental engagement. Organizational changes within the related child welfare arena could enhance the parent's capacity to engage in the process. Associated agencies such as

court, law enforcement and child support should review their own system requirements to see what alternatives to information gathering can be developed rather than inundating the parent at his or her first appearance at the Detention Hearing.

Parental engagement can be a focus of macrosystems in child welfare. Child welfare agencies can incorporate engagement and enhancement strategies as a key component in their practice models. Organizational cultures should be cultivated to be family centered and supportive (Kempe, Marcenko, Hoagwood & Vesneski, 2009). Developing an organizational culture that motivates the worker to focus on the purpose of working with the parent (reunification) versus the how-to of working with the parent (compliance with agency requirements) should be a primary goal. Child welfare agencies that create an organizational climate to support this practice flexibility report that workers are more willing to make changes in the focus of their work with parents (Glisson & Green, 2006; Thoburn, 1995). The child welfare agency can partner with the Court, probation, mental health and other organizations involved with the family to promote a coherent support to the families. Careful attention should be paid to the conflicting policies of macrosystems of child welfare and law enforcement when attempting to plan purposeful strategies for engagement. While child welfare organizations are beginning to integrate research findings into programs, such as in evidence based practices, there is still a reluctance to integrate research into policies.

Another macrosystem impact noted in this study is the lack of capacity to examine specific risk factors as those data are not collected uniquely in the CWS/CMS. This state-wide database should be appended to include specific fields with clear

definitions on risk factors such as substance abuse, mental health concerns and domestic violence issues.

Child welfare agencies can advocate for legislative change at the local, state and federal level. Refocusing requirements to allow flexibility on the ‘how-to’ will allow staff to attend to the relationship and behavior change. Minimally, agencies can formalize support of parent engagement by encouraging federal and state standards for parent engagement in policy and training staff in order to reinforce those expectations.

Summary

The study was based on the conceptual framework in social work that family-focused practice, targeted on engagement, empowers the family to reunify with the child. Engagement was viewed as a multidimensional construct which included the initial level of parental engagement in terms of their own motivation and expectations as well as efforts by the child welfare system to engage the parent through the number of social worker contacts, and the quantity of collateral contacts. The influence of the parent’s engagement on the likelihood of reunification was measured after controlling for the effects of salient child and parent characteristics. The study indicates that the parent’s level of engagement was significant as a predictor of the likelihood for reunification with his or her child.

This study also examined the influence of the number of social worker and collateral contacts. The unexpected finding that these factors did not have a significant relationship to reunification engendered a suggestion for future research. It would be important to examine the quality of the contacts as well as to explore at what quantity the

number of contacts has an impact on reunification. This study on engagement and related parent and child characteristics serves as another step in understanding how to assist the families involved in the child welfare system.

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APPENDIX A

CLIENT ENGAGEMENT IN CHILD PROTECTIVE SERVICES (CPS)

We're interested in your feelings about your involvement with CPS. There are no right or wrong answers to any of our questions. Please answer as honestly and openly as you can. Your answers will be kept absolutely confidential. The Department will not have access to individual answers. If you would like, the social worker can read the questions for you.

Here are some of the ways families may feel about having CPS in their lives. Some are positive and some are negative. You may have both positive and negative feelings at the same time. Please read the following statements carefully. Then, thinking about how you feel *right now* about your involvement with CPS, please indicate how much you agree or disagree with each. Thank you!

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. I believe my family will get help we really need from CPS.	5	4	3	2	1
2. I realize I need some help to make sure my kids have what they need.	5	4	3	2	1
3. I was fine before CPS got involved. The problem is theirs, not mine.	5	4	3	2	1
4. I really want to make use of the services (help) CPS is providing me.	5	4	3	2	1
5. It's hard for me to work with the caseworker I've been assigned.	5	4	3	2	1
6. Anything I say, they're going to turn it around to make me look bad.	5	4	3	2	1
7. There's a good reason why CPS is involved in my family.	5	4	3	2	1
8. Working with CPS has given me more hope about how my life is going to go in the future.	5	4	3	2	1
9. I think my caseworker and I respect each other.	5	4	3	2	1
10 I'm not just going through the motions. I'm really involved in working with CPS.	5	4	3	2	1
11 My worker and I agree about what's best for my child.	5	4	3	2	1
12 I feel like I can trust CPS to be fair and to see my side of things.	5	4	3	2	1
13 I think things will get better for my child(ren) because CPS is involved.	5	4	3	2	1
14 What CPS wants me to do is the same as what I want.	5	4	3	2	1
15 There were definitely some problems in my family that CPS saw.	5	4	3	2	1
16 My worker doesn't understand where I'm coming from at all.	5	4	3	2	1
17 CPS is helping me take care of some problems in our lives.	5	4	3	2	1
18 I believe CPS is helping my family get stronger.	5	4	3	2	1
19 CPS is not out to get me.	5	4	3	2	1

Just a few more items that describe you:

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Your age:
Your Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	What was your last grade of school completed? <input type="checkbox"/> Did not complete high school <input type="checkbox"/> Completed high school <input type="checkbox"/> Some college <input type="checkbox"/> Bachelors <input type="checkbox"/> Graduate degree
Number of children in your home:	Age of child(ren) removed: _____ _____ _____ _____

Adapted with permission from Yatchmenoff, CSMHPS/RRI, 2001.