Engaging Child Welfare Families: A Solution-Based Approach to Child Welfare Practice

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"Outcomes, outcomes, outcomes!" is what many family caseworkers will tell you is the new rallying cry of their protective service agency. Regardless of the state, caseworkers are hearing and feeling the effects of the Adoption and Safe Families Act (AFSA). If asked what this new mantra is meant to convey, many front line staff may react in a rather cynical way when they first encounter the new system expectations. Some have complained that it means that they don't have time to do casework anymore, that they have to get the family to change quickly, and that they have to case plan and case manage under the constant pressure of hearing the permanency clock ticking. These impressions, though a sure sign of the stress related to the sweeping changes in child welfare, are at least partially grounded in the reality of the new expectations. Family caseworkers don't have the unrestrained time limits they used to have, they are under much closer scrutiny to see that risk is actually reduced, they are expected to spend more of their time coordinating a collaborative team of partners, and they really do need to think about permanency issues as early as the first meeting with the family.

Practice paradox: Hurry up and change!

However, if the new focus on time-referenced outcomes goes no further than a simple "hurry-up offense", the sad paradox is that real change can actually be slowed down due to the lack of family ownership. The more the worker bypasses efforts to engage the family in a partnership for change, the less hopeful and motivated the family becomes. Without an alternative conceptual map or practice model to guide them, the worker is at risk for responding to the systemic pressures they feel, rather then to building a consensus for change with the family. This usually results in the worker taking control of the case, trying to draw the family's attention to the seriousness of the problems or deficits, then trying to secure quick cooperation with what the worker thinks needs to be done on the case plan. There is considerable evidence now that this effort to speed things up usually results in a lack of engagement and a high potential for the family to resist, either openly or passively. This client resistance to losing control and being forced to accept a negative picture of themselves often confirms the worker's worry that the family doesn't want to change and therefore "the case" is not making adequate progress. If the caseworker then becomes discouraged or worried about the lack of progress, or even client cooperation, their response can be an escalation of hierarchical action, i.e. do even more of the same in an attempt to better get their message across. In some worse case scenarios, this interaction can lead to a downward spiraling relationship with barely masked antagonism creeping into worker attitudes. As one such worker put it, "*I don't have time to engage my families, to be all nice and understanding of my clients, I need to get across to them how serious all this is,… I don't have time to fool around, and neither do they*". When asked if this approach was working she said candidly, "*I don't really know, a lot of the time I don't know if they hear me or not, or if they care or not. They just close off and play the game just well-enough to get by, or they try for awhile and then go back to their old ways. It is like you can tell them over and over again and they just don't get it, or don't want to."*

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Such discouragement can be related to the new time pressures, but it can also be exacerbated by a conceptual practice model that doesn't see the critical connection between family engagement and partnership on one side and risk reduction, well-being, and permanency planning on the other. If downplaying engagement is viewed as a sad but necessary sacrifice to the pressure of meeting outcomes, then paradoxically, the outcomes become harder to reach. Conversely, recent research (*see Engagement Outcomes section*) may indicate that taking the time to make engagement and partnership the cornerstone of family casework may produce more rapid and extensive goal attainment.

How we think effects how we work.

In the latter half of this century, casework practice models have been heavily influenced by physical and mental health treatment models, and therefore placed a significant emphasis on the assessment and diagnosis of dysfunction. The theory was a straightforward one; if the proper diagnosis of the problem or deficit was made at intake, then the prescribed corresponding treatment (or service provision) would provide the expected outcome. In such a model, families were viewed as recipients of treatment services rather than *partners in change*. Client compliance with the case plan became a common issue of contention, as well as a relied upon measurement for decision making. In this deficit based model, the client was viewed as having the need for expertise, not as a source of expertise. The workers job was to assess, diagnose, and prescribe the needed service and the clients' job was to make themselves available to receive the needed expertise. The adoption of this model in child welfare led to caseworkers learning proper deficit based assessment and service delivery skills, however family engagement was relegated to the role of insuring compliance. Furthermore, case progress tended to be measured by service compliance and completion, versus measurable change in the self-management skills of patterned risk behavior.

More recently, mental health models have been developed that have sought a cooperative partnership with client families, seeking to utilize the families own resources. These models have sought 1) to define problems as challenges in family life (Carter & McGoldrick, 1988), to empower families to utilize their competencies and solutions (White,1986, Berg, 1994, O'hanlon, 1989, deShazer,1985, Durrant, 1993, Jenkins, 1990), and 3) to help family members learn cognitive and behavioral self-management skills (e.g. Goldstiern,1987, Marlatt, 1987, Pithers, 1983, Meichenbaum, 1987). Although these models have contributed significantly to redefining treatment services in mental health, they have found slow application within the child welfare field. However, in the era of AFSA outcomes and timelines, these family friendly models have much to offer. To meet outcome criteria, caseworkers must 1) quickly build a clear consensus with the family and service providers on what needs to happen to reduce risk, 2) help organize and focus the teams efforts, 3) begin to document a reduction (or lack there of) in risk, and 4) be able to document that the specific risk factors have been (or not been) managed. To accomplish these tasks, a conceptual model is needed that allows the caseworker to engage the family, extended family, and community partners in a joint effort to target and document change.

A Family Centered Model of Practice

If best practice reflects a commitment to work in partnership with families and their resource network, then our conceptual practice model (our way of thinking about what we do) should provide us the conceptual reasoning to guide this practice. Because prior practice models have largely been deficit based, new models were needed that could encompass the worlds as diverse as the family, the court, and the mental health community. Solution Based Casework (SBC) has been developed in response to this need for a common road map. The model utilizes concepts from family development theory, solution-focused therapy, and relapse prevention theory (cognitive behavior). The brief description of this approach follows.

Solution Based Casework anchors itself around three basic tenets; 1) problems are defined within their specific developmental context, i.e. the everyday family life tasks that have become challenging 2) outcomes are kept relevant and measurable by focusing casework on those everyday family life challenges, and 3) collaborative teams are utilized and facilitated to keep the safety, well-being, and permanency solutions in focus.

The commonality of family life challenges. Families confronted with cyclical discouragement, disappointment, and even fear regarding their future need a hopeful way to think about the problems they face. Caseworkers also need a non-pathological frame for locating the family's struggles so that they can approach the family with respect and understanding. To accomplish this, the model draws heavily on the family life cycle literature (Carter & McGoldrick,1988 Walsh, 1982.) that presents the argument that all families face similar challenges and tasks in order to meet the needs of everyday life. Whether one is a third generation welfare client or a supervisor of social services, one can appreciate the difficult and all too real struggles over toilet training, or how to keep siblings from fighting, or what rules teens need to follow for curfew. This acknowledgment of the universality of family life does not diminish the significant differences that exist between families, it simply reminds client, worker and provider alike that it is within these daily life dramas that everyone must live and work out the meeting of family needs. So if a mother explodes with physically hurtful anger at a child over soiled clothing, the caseworker is trained to help the family come to a consensus that they are struggling with the challenge of teaching their child to successfully use the toilet, rather than her pants. It is only after reaching this non-blaming consensus (a step toward partnership) that the caseworker helps the family explore the details of that challenge. It is within this task exploration and non-accusatory frame that the mother's temper will be discussed as a potential obstacle. By thinking about the problem in a way that doesn't trigger additional personal defensiveness; the caseworker is better able to commiserate with the family's frustrations and team up with them to try some alternative methods of toilet training. There is no doubt that the mother in this case will need to get control of her anger, but her motivation will be much better if it is for the purpose of helping her child learn something new, rather than because the social worker thinks she is a bad mother. The goal in this stage is to separate the developmental intention from the high risk behavior that is holding up developmental progress.

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Outcomes should track family life tasks. The second basic tenet of Solution Based Casework is that it is critical to maintain focus on the pragmatic accomplishment of the developmental challenges facing the family in everyday life. This means that casework planning must anchor itself in the identified risk areas and then maintain that focus even as other issues and needs come up and are addressed. Family casework is vulnerable to losing sight of the risk-related problem and its developmental context due to additional problem areas that come up once working with a struggling family. The Solution Based Casework model helps the family team organize, prioritize, and then document the steps they will take to create safety, improved well-being, and stable permanency. Because family's often have issues that go well beyond the initial child safety concern, caseworkers often have difficulty differentiating what is an issue in the here-and-now from what is critical long-term. Small crises can take precedence over larger family integrity concerns. Modern casework often necessitates working on two potential permanency options concurrently, one to follow if the safety issues are resolved, the second if they are not. However, when children are in out-of-home care, there is a constant danger for here-and–now placement issues to draw center focus and the original family–of-origin risk issues to fade into the background. Although the specific techniques for assisting a pragmatic focus are beyond the scope of this article, it should be emphasized that maintaining family engagement over the long haul is closely related to the treatment teams ability to keep casework anchored in the everyday life challenges the family (and originally the court) considered relevant.

Collaborative teams fuel the search for solutions. Families involved in child protection agencies typically are suffering from what Michael White (1986) called "problem-saturation". They have suffered a number of setbacks and defeats and often exhibit a form of collective learned helplessness (Seligman, 1975). Although they may be engaged enough to agree that change needs to occur, they may not have the confidence and hope that anything will really change. The best the family may be able to bring to the formidable change process is an attitude of forbearance, an attitude consistent with their past view of what is possible. Although the desire for change may be present, it may have to do battle with a protective shield that grows out of perceived failure. Without outside input of hopeful resources, this defeatist view may dominate, particularly at times of slow progress or setbacks. Therefore it is critical for the caseworker to assemble a larger team from which the family might draw needed strength. This collaborative team can be made up of extended family, concerned others in the neighborhood, treatment providers and others from the church or social community that may contribute resources.

So often a family in trouble is also a family estranged from its larger kin and social network. This estrangement occurs for a variety of reasons, sometimes it is because the extended family has tried to help in the past and has been discouraged or defeated by the persistence of problems. Sometimes it's because the client family has current or past conflict with their extended family, often feeling they are trying to run their lives or break them up, and sometimes it is due to physical isolation brought on by economic circumstances. The age-old wisdom of seeking help and guidance from one's elders is not always as easy and simple as it sounds, particularly in emotionally troubled times. For these reasons, families may initially discourage workers from involving larger networks in their family assessments, and therefore their case plans. Engaging an extended family member in Family Team Meeting may require additional phone calls, home visits, or mediation sessions. However, once the process is started, new resources are often identified by those contacted. The creative power of families seeking their own solutions also influences the community providers and partners in a positive way. Rather than working in isolation they are now part of wider network that generates and celebrates change. And of course one of the primary benefits of tapping extended family involvement is the additional safety net created for vulnerable family members when the extended family can be assisted in organizing its efforts. When the inevitable setbacks do occur, kin networks and even communities are brought together for the purpose of mobilizing their energy, intent, and efforts to assist the family.

Research on SBC Engagement Outcomes

Several studies have been conducted to evaluate the effectiveness of Solution-Based Casework. Comparisons were made between clients with whom SBC was used and those for whom SBC was not used. Results of these studies indicate that SBC is effective for engaging clients in the child welfare system and promoting key outcomes. A summary of outcomes by category is provided below.

Increased Partnership. Clients whose workers use SBC are significantly more likely to work cooperatively with their worker in several areas. In one study, researchers found that clients were significantly more likely to follow through with referrals to collaterals (Antle, Martin, Barbee & Christensen, 2002). While 77% of clients in the SBC groups followed through with these referrals, only 35% of those in the non-SBC group did so. The same study found that clients in the SBC were also significantly more likely to complete tasks assigned by the worker. Approximately 75% of clients in the SBC

completed tasks, while only 37% of clients in the alternative group completed such tasks.

In a second study, researchers found that clients with whom SBC was used were significantly more likely to keep scheduled appointments with the worker (Antle, Martin, Barbee & Christensen, 2002). 73% of clients who kept all scheduled appointments were in the SBC group. Finally, clients in the SBC were significantly more likely to follow visitation guidelines than others. While 33% of clients in the SBC group followed these guidelines, only 2% in the alternative group followed such guidelines.

Worker Effort. A second area of engagement for which positive SBC outcomes were identified was workers' effort. In one study, workers in the SBC group were significantly more likely to contact collaterals directly. While 88.9% of workers in the SBC group contacted collaterals, 61.9% of workers in the other group contacted collaterals directly. Workers in the HTG were also significantly more likely to attend appointments with collaterals. 31% of workers in the SBC group attended, and 19% of workers in the other group attended.

In a second study, researchers found that 100% of workers who attended meetings were using the SBC model, while 100% of workers who did not attend meetings were not using the SBC model.

Client Strengths. There was a trend in the difference between the HTG and LTG in the number of strengths identified, $t(46)=1.68$, $p<.10$. The mean number of strengths identified by the HTG was 2.63, while the mean number of strengths by the LTG was 1.67.

Removal of Children from the Home. One study on SBC found that when SBC is used, children are significantly less likely to be removed from the home. While 90% of workers in the non-SBC group removed children from the home, only 59.3% removed children when SBC was used. The type and severity of maltreatment, as well as presence of comorbid factors and chronic involvement with the system, was the same for these two groups. This indicates that clients in the SBC group were more engaged with the system and therefore more frequently able to maintain their children in the home.

Client Involvement in Case Plan. Clients for whom SBC was used also showed much higher levels of involvement in the case planning process. For example, clients in the SBC group were significantly more likely to have signed the case plan. 76% of clients in the SBC group signed the case plan, while only 24% in the non-SBC signed the plan.

There was also a higher rate of completion of the family's genogram for the SBC group. This indicated family involvement in providing detailed information about the members of the family to inform the worker. A genogram was present in 60% of SBC cases and only 40% of non-SBC cases.

Finally, workers were significantly more likely to use the family's own language in the construction of the case plan with SBC. The family's own language was used for 82% of cases in the SBC group and only 18% of cases in the non-SBC group.

Client Success. Clients for whom SBC is used are much more successful in their casework. Clients in the SBC group achieved significantly more case goals and objectives than those in the alternative group. The average number of goals/objectives achieved by the SBC group was 6.00, while the average for the non-SBC group was 1.09. An interaction between the use of SBC and chronic involvement with the child welfare system was also identified. This indicated that clients who had previous involvement with the system and for whom SBC was used achieved even more case plan goals/objectives than others. This finding suggests that SBC is particularly effective for engaging and assisting the previously unsuccessful, chronic clients.

RECOMMENDATIONS

These findings on the effectiveness of SBC for promoting client engagement in the child welfare system have led to the following recommendations by the NRC-CWTE:

- A strengths perspective on clients is needed for those involved in the child welfare system. This system has traditionally adopted a deficit approach to clients due to the alleged maltreatment of children. However, when family strengths are identified and exceptions to problem patterns are utilized, clients are much more likely to work in partnership for change. The strengths identified can be used for achievement of case goals and objectives.
- Workers should be encouraged to be actively involved in their clients treatment. Worker effort promotes client effort. Workers using the SBC model were more likely to contact collaterals directly and attend these sessions with clients. This resulted in greater client compliance with these collateral services and achievement of case goals and objectives. Client use of collateral services is essential to the protection of children and well-being of families. In order to clients to use these services, workers should provide the positive example of involvement.
- The family should be actively involved in the development of the case plan. When SBC was used, clients were more likely to provide language for and sign their plans. Client involvement in the case plan promotes family ownership of the plan and subsequent achievement of the goals and objectives of the plan.

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