Understanding parental engagement with child welfare services: an integrated model

Dendy Platt

Senior Lecturer in Social Work, School for Policy Studies, University of Bristol, Bristol, UK

Correspondence:
Dendy Platt,
School for Policy Studies,
University of Bristol,
8 Priory Road,
Bristol BS8 1TZ,
UK
E-mail: dendy.platt@bristol.ac.uk

Keywords: child protection, child welfare, family social work, parenting/parenthood, partnership/empowerment, theoretical issues

Accepted for publication: September 2011

ABSTRACT

This paper takes an ecological approach to understanding engagement of parents with services when children may be at risk of abuse/maltreatment. Gaining parental cooperation is a fundamental factor affecting social work interventions, treatment and decision-making. Based on a review of current literature, the paper adapts the Multi-factor Offender Readiness Model to the child welfare context, using insights from other theoretical and empirical work. Parental engagement with child welfare services is portrayed as having behavioural, attitudinal and relationship components, and is determined by internal (service user) and external (policy, programme and worker) factors.

INTRODUCTION

Parental engagement is a central concern for social work and other services where children may be at risk of maltreatment or other significant welfare problems. Engagement is fundamental to finding solutions to such problems, and is taken into account extensively in decision-making. This paper uses existing models relevant to client engagement with services, interventions or treatment programmes, to propose an integrated conceptualization of factors affecting parental engagement in a statutory child welfare context, where theory is currently underdeveloped. Its preparation involved a selective review of the international literature, using relevant empirical and conceptual material. Although it can be understood more broadly, the statutory child welfare context is defined here as non-universal services, working with children and their families, where the children are or may be subject to harm that would justify state intervention to ensure their well-being.

There is a danger that focusing on parental engagement, as opposed to social workers' skills in engagement with parents, might imply that the entire responsibility for that engagement falls to parents

rather than to professionals. This implication is not intended, but the focus on parental engagement is important. For some parents, engaging with social work services can be highly problematic, and the implications for decisions about the future care of children are significant. A satisfactory analysis of parental engagement should attend to the part played both by parents and by professional services. The approach proposed in this paper incorporates the influence of both parties, although a definitive exploration of worker skills is beyond its scope.

The paper begins by examining reasons for the current interest in this area of practice. It then reviews briefly some key theoretical approaches, before proposing an application and refinement of existing models to the statutory child welfare context.

BACKGROUND

The concern to understand parental engagement in child welfare services typically arises from two complementary issues. First is the growing research evidence showing that parental cooperation or engagement makes a significant contribution to decisions regarding coercive action and legal interventions

(Littell 2001; Platt 2007; Holland 2010). The second is to do with engagement with therapeutic and other services. A common experience for many social workers working with children and families is of parents not admitting professionals for home visits, not keeping appointments, inconsistent involvement with family support provision, failure to maintain consistent contact with children in care and so on (Ferguson 2009). Arguably, if the ability of participants to engage could be assessed accurately, services could be targeted more effectively. Work could be undertaken to enable them to engage more fully, and to increase the chances of success (Marcenko et al. 2010).

This centrality of parental engagement to practice is not fully understood, empirically. Research findings regarding the relationship between parental engagement and the outcomes of child welfare interventions are limited, variable and often contradictory (Fauth et al. 2010). In a study of child protective service interventions in the USA, DePanfilis & Zuravin (2002) suggested that mere 'attendance at services' reduced the likelihood of recurrence of maltreatment whilst the case was still open. However, results from all other measures related to engagement yielded no associations with recurrence. Lee & Ayon (2004), in a relatively small-scale retrospective study in the USA, showed a correlation between good parent–social worker relationships, and positive outcomes. These outcomes, however, involved changes in parental behaviours, rather than children's outcomes. Thoburn et al. (1995), in a UK study of maltreated children, found better outcomes for children at risk of abuse where both parents and children had been more involved with social work services, but they were unable to demonstrate fully the mechanisms by which this occurred and the connection was absent in their later work (Brandon et al. 1999).

A particular problem for researchers and practitioners in this field is the range of concepts used, and the differences in how they are applied. The terminology has been analysed extensively elsewhere (Drieschner et al. 2004; Yatchmenoff 2005; Scott & King 2007), but for present purposes, the term 'engagement' was chosen carefully. It is a concept that allows the possibility of actions by both parties in the service provision relationship to contribute to the success or otherwise of the work. Its meaning can be specified without being confused too much by other interpretations, and it allows for a spectrum from constructive to negative forms of behaviour. A detailed definition of engagement is offered in a later section.

DEVELOPMENT OF THEORY

In addition to problems of terminology, studies relevant to engagement have often suffered from important limitations. According to McCurdy & Daro (2001), the majority have examined separate aspects of engagement using a restricted conceptual framework, and with inconsistencies regarding the application of concepts. Approaches have included focusing on the behavioural aspects of compliance, analyses of the therapeutic alliance and attempts to measure motivation.

Considerable energy has been devoted to the Stages of Change model (Prochaska & DiClemente 1986), but its value, particularly in the child welfare context, is questionable. Girvin (2004), for example, in a study that sought to identify subgroups of child welfare clients in terms of their responses to services, found little empirical support for the actual existence of the stages proposed. She suggested that readiness to change might be viewed better as a complex interactional phenomenon. There is also a danger of assuming that good engagement is predictive of change. US and UK research has cautioned against confusing cooperation with the worker with readiness for change (Littell & Girvin 2004; Ward et al. 2010). This is of particular importance in a statutory child welfare context compared with other therapeutic endeavours because wrongly assuming that parental co-operation will make a child safer could have tragic consequences. At the same time, it is self-evident that without active engagement of families with services, the chances of an intervention maintaining a child safely in his/her family of origin are minimal.

In a clinical psychology context, Drieschner et al. (2004) undertook a significant analysis of the conceptual confusion, arguing that the key to unravelling these difficulties lies in defining the logical relationships between the phenomena the terms seek to define. A number of studies, they suggested, contain logical inconsistencies, such as defining motivation in terms of the behaviour it is assumed to determine, and vice versa. A successful model should incorporate explanatory and predictive potential, linking pre-existing factors to the progress of engagement with services, and ultimately to outcomes.

Multidimensional or integrated models of engagement appear to offer the best way forward. Engagement with services is understood as a function of multiple influences, including caseworker and programme effects, as well as the circumstances of the

client or patient and their interaction with those services (e.g. Littell & Tajima 2000; Kemp *et al.* 2009). Models of particular interest to the present analysis are the Multifactor Offender Readiness Model (MORM) (Ward *et al.* 2004) based on work in the UK and Australia; the integral conceptualization of treatment motivation developed in Holland (Drieschner *et al.* 2004), based on a range of approaches within clinical psychology; and two frameworks from the USA: McCurdy and Daro's Conceptual Model of Parent Involvement in voluntary family support programmes (2001) and a model of participation in family preservation services (Littell & Tajima 2000). In the interests of consolidating conceptual advances, rather than generating further diversity, the present analysis builds on this work. The focus is mainly on the interactional elements, which are likely to have more direct connections to the practice context, rather than (without wishing to diminish their importance) the impact of background social and economic conditions.

A PROPOSED APPROACH

A number of considerations must be taken into account in examining engagement in child welfare compared with other contexts. First, the primary client of services is the child, and yet the focus of much concern about cooperation and engagement is the parent. The parent is effectively a gatekeeper of access to the child, at the same time as being a focus for change-directed activity. In adult treatment contexts, services often engage the individual with the primary intention of generating improvements for him or her alone.

Second, although less specific to child welfare, interventions generally have a measure of coercion behind them and in many cases are legally mandated. Where a child protection social worker is working with a family in the community, both parties will be aware that there are legal powers to enable compulsory interventions to take place, and if necessary to remove the children. This element of coercion is held in common with other therapeutic contexts, such as work with substance misusers and with offenders.

The MORM (Ward *et al.* 2004) proposed a range of factors (referred to as 'readiness conditions') as logical *determinants* of programme engagement. Engagement in turn is connected to the offender's performance (i.e. outcomes of treatment). The model has already led to promising findings in empirical tests (McMurran & Ward 2010), and the discussion in the remain-

der of this paper applies it to the child welfare field, taking into account the foregoing considerations.

The adaptation of the MORM is presented in Fig. 1; the principle change is to avoid the term readiness. Although research using the model has confirmed an association between readiness factors and overall engagement (Casey *et al.* 2007), readiness, as a term, covers such a wide range of factors that its theoretical coherence may be questionable (Scott & King 2007). Consequently, the relevant factors are described here as *determinants* of engagement (in common with the position of Drieschner *et al.* 2004), rather than claiming that together they represent a single construct. Drieschner *et al.*'s model presented an important and tightly specified focus on the cognitive determinants of treatment motivation, and contributed significantly to the understanding of cognitive factors analysed next. However, use of the MORM enables their model to be extended to a wider range of factors.

The proposed adaptation of the MORM sets the engagement between parent and services in the context of wider background factors (represented by the outer frame). Factors determining engagement are shown on the left hand side, leading, via the solid arrows, to engagement itself, summarized in the centre box. Outcomes for the parent and child (to the right) may flow from this engagement, but will also be affected – for good or ill – by background factors. Outcomes may also feed back to the determinants (shown by the reverse broken arrows), for example where positive change leads to a stronger sense of engagement with services. The determinants of engagement are categorized in the same way as the MORM, as *internal* and *external*. The solid arrows between internal and external determinants illustrate the particular importance of the interaction between these components, which will be referred to next. The broken arrows from engagement back to the determinants indicate that engagement may lead to change in these determinants. For example, a parent's feelings about intervention may change, or feedback to organizations may lead to changes in patterns of services offered. Within the main categories, adaptations have been made to the headings used by Ward *et al.* (2004), to incorporate factors identified by research in the child welfare field and elsewhere. In particular, individual worker- or therapist-related factors have been included as part of the external determinants (Littell & Tajima 2000), and some of the remaining external factors have been combined under a heading 'Resources'.
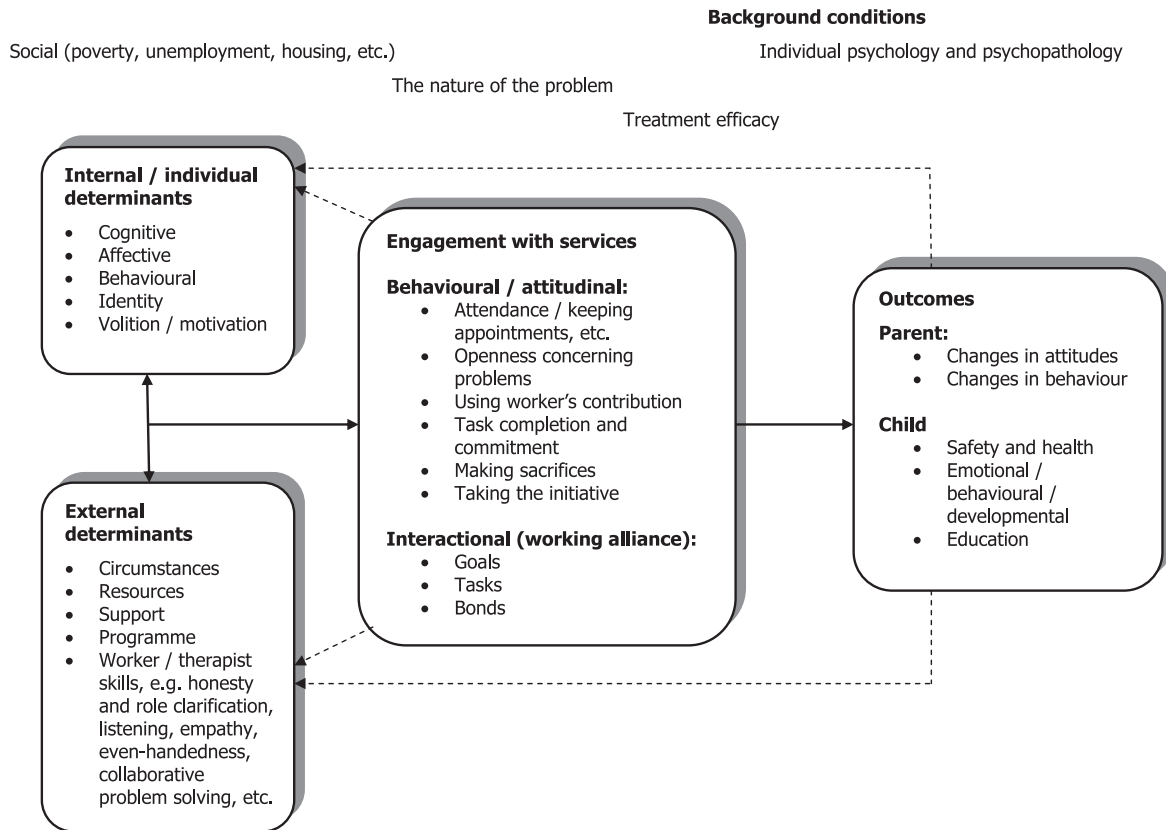
Background conditions

Social (poverty, unemployment, housing, etc.)   Individual psychology and psychopathology

The nature of the problem

Treatment efficacy

Internal / individual determinants

- Cognitive
- Affective
- Behavioural
- Identity
- Volition / motivation

Engagement with services

Behavioural / attitudinal:
- Attendance / keeping appointments, etc.
- Openness concerning problems
- Using worker's contribution
- Task completion and commitment
- Making sacrifices
- Taking the initiative

Interactional (working alliance):
- Goals
- Tasks
- Bonds

Outcomes

Parent:
- Changes in attitudes
- Changes in behaviour

Child
- Safety and health
- Emotional / behavioural / developmental
- Education

External determinants

- Circumstances
- Resources
- Support
- Programme
- Worker / therapist skills, e.g. honesty and role clarification, listening, empathy, even-handedness, collaborative problem solving, etc.

Figure 1 Integrated model of parental engagement with child welfare services. Solid arrows: primary direction of effects. Broken arrows: feedback loops. Developed from Ward *et al.* 2004. For full range of sources, see text.

BACKGROUND FACTORS

As an addition to the original MORM, background factors have been placed outside, but surrounding, the proximal determinants of engagement. The history of research into background factors is considerable, but results have been contradictory with regard to their impact on engagement, and clear conclusions are difficult to draw. Nevertheless, it is accepted that background factors will have an impact, in particular through social factors (poverty, unemployment, housing, etc.), individual psychology and psychopathology, the nature of the problem, and the overall efficacy of the chosen treatment or intervention.

In support of these types of factors, Littell *et al.* (2001) drew on research indicating a link between dropout from mental-health services, and low income, low levels of education and ethnic minority status. They linked substance abuse, interpersonal violence and mental-health problems, in particular, with parental non-compliance in cases of child maltreat-

ment. Daro *et al.* (2003) suggested such variables 'may make it difficult for parents to focus on their children' (p. 1101). In turn, this lack of focus may adversely affect their engagement with services (Howe 2010). Littell & Tajima (2000) drew on a range of evidence to suggest that 'chronic or severe parent and family problems, especially those that impair caregiver functioning' may predict problems in participation. Thoburn *et al.* (2009) summarized relevant features as characteristics of hard-to-change families.

Not all evidence is as clear as this implies. Harder (2005), in an evaluation of a parent aide programme in the USA, found little difference in demographic data between 'completers, drop-outs and refusers'. It appears that whilst background factors are important, the causal pathways leading to levels of engagement are very difficult to discern (Nock & Ferriter 2005). Littell *et al.* (2001), referring to a history of research into treatment participation, showed that these types of variables only predicted a small proportion of the variance in participation.

Arguably, it may be more productive to focus attention on proximal determinants of engagement. To achieve this, we must be clear about how parental engagement itself is defined and understood.

PARENTAL ENGAGEMENT WITH SERVICES/TREATMENT

Parental engagement in the child welfare context is defined here as

> the mutual, purposeful, behavioural and interactional participation of parent(s) and/or carers in services and interventions provided by social work and other relevant agencies with the aim of achieving positive outcomes.

This definition develops Yatchmenoff's (2005) approach by delineating the components of engagement more specifically. It focuses attention on the parents as clients in the situation whilst acknowledging the role of the worker, and it allows for a dynamic process, with fluctuations in engagement during the course of interventions as the norm (Cleaver & Freeman 1995; Farmer & Owen 1995; Littell *et al.* 2001; Nock & Photos 2006; Day *et al.* 2009). It also treats engagement as a broader phenomenon than some previous conceptualizations. Thus, it is more than the simple act of a professional engaging in initial conversations with a client; it is more than mere behavioural compliance (which could constitute 'going through the motions' rather than engaging actively in meaningful, goal-directed work) and it is more than simply the working alliance or relationship.

In the present model, the heading 'Engagement with services' (see Fig. 1) is intended to indicate the features of engagement as opposed to the factors affecting it. The MORM conceptualization is extended by proposing two subdivisions: *behavioural* (attendance and compliance) and *interactional* (the working alliance). Behavioural components comprise:

- Attendance, dropout, keeping appointments, allowing home visits, etc. (Krause 1967; Ward *et al.* 2004; Nock & Ferriter 2005);
- Openness concerning own problems, behaviour, history, etc. (Krause 1967);
- Using the worker's or therapist's contribution (Krause 1967);
- Completion of agreed tasks, etc., between sessions (Krause 1967; Drieschner *et al.* 2004; Christiansen & Anderssen 2010);
- Making sacrifices (e.g. time, money and emotional strain) (Drieschner *et al.* 2004);

- Taking the initiative to manage their own situation (Yatchmenoff 2008), especially as the intervention progresses.

Interactional components have been drawn from work on the therapeutic alliance, categorized by Bordin (1979) into:

- Goals: the extent to which there is mutual agreement on the goals of the intervention or treatment;
- Tasks: the relevance and timing of tasks, and the agreement about them between client and therapist (includes tasks undertaken by both parties);
- Bonds: trust, liking/disliking, respect, etc.

This formulation draws attention to the critical importance of worker skills in maintaining the alliance, skills that will be examined later as one of the determinants of engagement.

DETERMINANTS OF ENGAGEMENT

The importance of an empirical approach to the determinants of engagement lies in improving understanding amongst practitioners of the features that may be open to assessment and change, in the interests of obtaining better parental engagement. Determinants are proposed within two categories: *internal* (client-related) and *external* (service provision) factors.

Internal determinants

Internal determinants of engagement are the personal, psychological and behavioural factors that produce particular levels of engagement with services, and, in combination with external factors, will interact to produce different levels of engagement with different services.

Cognitive

Cognitive determinants encompass the thinking and understanding, the beliefs and the attitudes of the parent or service user They include hostility or negativity towards services (Ward *et al.* 2004), attitudes arising from past experiences of similar services (McCurdy & Daro 2001), problem recognition (Drieschner *et al.* 2004), beliefs about the possibility of change and their own ability to do so, expectations of how they should be treated by others (Ward *et al.* 2004), and beliefs and expectations of how – and whether – services can help (McCurdy *et al.* 2006).

There is some debate in the child protection context about whether service users need to recognize their problems before they can engage with

services (Littell & Girvin 2005). A review by DePanfilis & Zuravin (2002) linked the caregiver taking the incident seriously to reduced recurrence of maltreatment. Evidence from the UK suggests that parents, who successfully avoided having their children removed, experienced a 'wake-up call' that led them to engage with services and address the necessary changes (Ward *et al.* 2010). The way the individual processes such a wake-up call is critical, and there may be scope for further research into the role of the practitioner in achieving a balance between a supportive encouraging approach, and the necessary degree of challenge.

The perceived suitability of treatment (Littell *et al.* 2001; Drieschner & Boomsma 2008) is clearly an important focal point for the social worker to engage actively with parents' thinking and understanding. The relevance of this to the child welfare context is suggested by Farmer & Owen's (1995) UK findings, that greater levels of participatory work with parents involved in investigations of alleged child abuse occurred when there was an agreement between social worker and parents on the three dimensions of *commission* (whether the abuse occurred), *culpability* (the identity of the perpetrator) and *risk* (the future risk to the child/children). Responsibility is shared between each party in achieving this agreement.

Clearly, a parent's cognitive response to involuntary involvement with state child welfare services will interact with affective factors next.

Affective

A range of research indicates the feelings that clients of child welfare services may experience. They include fear (Thoburn *et al.* 1995; Darlington *et al.* 2010), not simply fear of child protection services or of removal of the child (Cleaver & Freeman 1995), but fear of failure and fear of change (Arkowitz 2002); depression (Sheppard 2009); anxiety (Cleaver & Freeman 1995); trust or mistrust (Thoburn *et al.* 1995; Yatchmenoff 2005); confusion (Cleaver & Freeman 1995); self-blaming (Farmer & Owen 1995); hopefulness (Altman 2008); and so on. The feelings engendered by an investigation of alleged child abuse will have an impact on the relationship with services into the future (Cleaver & Freeman 1995; Farmer & Owen 1995), and the ways in which these feelings are addressed by professionals may be critical for continuing engagement (Thoburn *et al.* 1995). Clearly, affective responses will have been influenced by factors,

such as past experiences of social work services, preconceived prejudices, initial impressions of social work staff (Cleaver & Freeman 1995; Buckley *et al.* 2011), and by childhood and other experiences of personal relationships (Howe 2010). A high level of skill and emotional intelligence is required by professionals in working with these emotions.

Behavioural

Behavioural factors involve the ability to seek help, and the necessary competence to participate, particularly the social and communication skills needed. If a social worker is to help a parent overcome cognitive or affective barriers to engagement, there may also be basic skills shortcomings to contend with. Individual work may require conversational skills, group-based work would need the confidence to operate in a group setting, an educational programme might need literacy skills and a programme examining the causes of problems might call for a basic level of intellectual analysis (Ward *et al.* 2004).

Evidence of the importance of these factors is widespread. Holland (2010), in the UK context, identified the reliance of social workers on oral communication when undertaking comprehensive family assessments. She and others have highlighted the difficulties faced by parents who were less articulate, especially those with learning disabilities (Booth & Booth 2005). Kemp *et al.* (2009) drew attention to the importance of parents' knowledge and skills in dealing with the complexities of child welfare and child protection systems. And Dore & Alexander (1996) showed that people who have difficulty making and sustaining interpersonal relationships were more likely to drop out of programmes of intervention. A parent's ability to make the necessary changes for the benefit of his or her children is also an important factor here.

The practice implications of this analysis are for social workers to adapt their strategies to those parents who are less articulate, and to give attention to simple but important communication skills, such as avoiding jargon, and taking time to explain processes and procedures.

Identity

The notion of identity is fundamental to the interaction between parent and professional, encompassing as it does the ways in which individuals perceive the other. At a basic level, the social worker must be aware of the way in which he or she responds to different,

cultural, gender and other identities. In terms of a parent's propensity to engage with services, poor parenting and offending against children are unlikely to be linked to their public persona. Offences against children are secretive, and it is a woman's status, more so than a man's in Western societies, that may be linked to successful rather than unsuccessful parenting. In cases involving intimate partner violence, arguably the violence is tied to the perpetrator's gender identity. Women, as Ward *et al.* (2004) suggested, often have more positive attitudes to help seeking than men, and may also need programmes that directly address needs such as low self-esteem, and where staff/client relationships are seen as supportive. Conversely, the need for services to engage with fathers has long been recognized, and specific measures may be necessary to achieve this (Featherstone 2004).

As a general point, identity is a multifaceted phenomenon, and it will affect engagement in varying ways; in the practice context there should be no substitute for individual assessment of the role of identity, how it affects engagement and how services can be adapted accordingly.

Volition and motivation

Ward *et al.* (2004) defined volition as the formation of an intent to pursue a goal, together with a plan to achieve it. They suggested that this is the mechanism to maintain change. Volition is an organizing concept, including not only motivation, but also people's beliefs that they are capable of making choices about their own behaviour (i.e. locus of control). Volitional factors are hard to define because they rely heavily on contributory cognitive, affective and behavioural components. Indeed, Drieschner *et al.* (2004) suggested that motivation was a mediating variable between their mainly cognitive determinants, and treatment engagement. Volition has been included here despite the ambiguity about its place in a logical model of engagement, because it is of considerable importance, and interacts significantly with the external determinants to which we now turn.

External determinants

External determinants of engagement are factors related to interventions or treatment programmes, and to the immediate circumstances of the work and the individual family. They interact with the individual factors outlined previously.

Circumstances

The notion of *circumstances* draws attention to the type of offence against a child, and the societal response to such allegations. A central issue is whether treatment or participation in services is mandatory or voluntary. Results are somewhat contradictory regarding the efficacy of legal requirements for parents to participate with services. Littell *et al.* (2001) reported on the mixed effects of coercive interventions, whilst recognizing that factors such as persuasion, focusing on client choice and personal attention generally produced better results than coercive measures. Similar results are available in the substance misuse field (Harris 2008). Platt (2006), in a qualitative study of initial assessments of children in need in the UK, found that engagement with parents was more successful when less coercive approaches were used, but that other factors such as worker skill appeared to be more important than the formal approach taken. Dumbrill (2006) similarly found that parents responded better when they experienced power being used *with* them rather than *over* them, again an approach affected by the skills of the worker. Social work agencies and the courts should use coercion carefully and thoughtfully, and involving clients in planning the appropriate intervention is most likely to lead to good engagement.

The use of coercion will vary with the different forms of maltreatment of children (physical, sexual and emotional abuse, and neglect). Thus, repeat sex offenders are known to adopt a range of devious tactics in engaging with services, compared with a stressed single parent who, in an uncharacteristic moment of frustration, lashes out inappropriately at her child. Responses to these circumstances will be determined by social norms and professional perceptions of the harm to the child.

Resources

Moving on from the use of coercion, the way in which services respond to children at risk is affected by a range of resource and policy constraints, which in turn will affect parental engagement. The majority of state child welfare service recipients are subject to a wide range of disadvantages, including poverty, unemployment, and housing and educational disadvantage. The availability and location of programmes of intervention, to address the needs of the individuals concerned, are obviously fundamental, affecting choice and opportunity (McCurdy & Daro 2001; Ward *et al.*

2004). In disadvantaged areas throughout the world, the availability of relevant and accessible services is limited.

The importance of organizational variables has gained greater prominence in recent years. McCurdy & Daro (2001) and Daro *et al.* (2003), in the context of preventive programmes, argued that factors such as low staff caseloads, staff training requirements and stability of programme funding are programme attributes that contribute to enrolment and retention (of clients). Darlington *et al.* (2010), similarly, identified the importance of having high-quality staff, with sufficient time to work in ways that were conducive to participation. Kemp *et al.* (2009) drew attention to organizational priorities and the availability of time to work with parents, as well as the growing body of research indicating the importance of supportive work environments. Adequacy of supervision has also been linked to greater engagement (Littell & Tajima 2000).

These findings highlight the importance of societal commitment to work with children's welfare problems. Failures in parental engagement in circumstances of severe resource limitations raise questions about state and organizational priorities and not simply about the behaviour of individual parents or the professionals working with them.

Support

Linked to resource issues is the question of whether the family has the necessary support from those around them. Extended family, friends and other professionals, who would like to see them succeed, can help maximize the effectiveness of the intervention (Littell & Tajima 2000; Littell *et al.* 2001; Daro *et al.* 2003; Ward *et al.* 2004; Sheppard 2009). Neighbourhood issues such as chaos or violence, community cohesiveness and other cultural factors were emphasized by Daro *et al.* (2003), McCurdy & Daro (2001) and Ghate & Hazel (2002). In some circumstances, these factors can tip the balance in terms of a family's ability to engage positively with services.

Programme

In relation to the actual programme or plan of intervention, Ward *et al.* (2004) proposed that key factors affecting engagement were the perceived confidentiality of information, the perceived appropriateness of treatment and the provision of treatment at the right time (in terms of their development) for the client.

The importance of providing programme content that offers what parents need has already been discussed. This links to the need for services to achieve a strong match between personal and programme goals (McCurdy & Daro 2001), and to maintain parental involvement in treatment planning (Littell 2001). The importance of tailoring interventions to the needs of the particular child and family has been emphasized in a variety of contexts (e.g. Turney *et al.* 2011), and programmes that offered practical services and advocacy services have been shown to achieve better levels of collaboration (Littell & Tajima 2000). These aspects are dependent particularly on worker skill in negotiating appropriate arrangements.

Worker/Therapist

The knowledge, skills and values of the social worker are critical in working with parents in a child welfare context. Whilst therapist characteristics are known to be of significance in many settings, the feelings aroused in parents who are unable to care adequately for their children can be deep and intense, and the need to handle them effectively is very important (Howe 2010). Social workers' responses may also be intense, including fear for their own safety, and disgust at the experiences facing the children involved (Ferguson 2009). The frequent need for legal intervention to protect children in this context adds to these difficulties. The effects of insufficient worker skill and knowledge on engagement are well documented (Forrester *et al.* 2008; Smith 2008), and factors such as reliability, honesty, listening, giving accurate information and so on are known to make a positive contribution (e.g. Chand & Thoburn 2005).

A considerable amount of work has been undertaken in the UK, USA, Australia and elsewhere on approaches that are needed to help maintain good engagement. One conceptual summary was proposed by Shemmings & Shemmings (1996), who identified the need to combine even-handedness, openness and honesty, and answerability, in a context of working with sensitivity. Arguably, one could add empathy, listening and accurate understanding to these headings, although whilst a worker should respect the parent in these ways, he or she is clearly not required to condone child maltreatment.

In an international review of the literature, Trotter (2002, 2008) presented an important set of skills needed for working with involuntary clients. The principles are as follows:

- *Role clarification*: Ensuring clarity about what the worker can or cannot do, what the client's role is, and what each can expect from the other.
- *Collaborative problem solving*: Providing help to address the problems that led to the current situation; the worker needs to take a collaborative approach.
- *Pro-social modelling and reinforcement*: Identifying and trying to build on pro-social strengths, such as good relationships within the extended family. The worker should model 'good behaviour' by keeping appointments and doing what he/she said he/she would do.
- *Challenge and confrontation*: Extreme challenging is generally unhelpful although some level of challenge is appropriate. Better outcomes occurred where clients believed that workers were clear about their own authority and how they might use it. (summarized from Trotter 2008).

The knowledge base related to worker skills in engaging with service users is considerable and has been explored in-depth elsewhere.

CONCLUSION

In summary, this paper has outlined an integrated model of parental engagement that builds on and applies previous theory to the context of statutory child welfare services. Referring particularly to the MORM (Ward *et al.* 2004), it proposed that parental engagement is made up of behavioural and attitudinal components, together with the relationship with relevant professionals (referred to as the working alliance). It further suggested that engagement is logically determined by a range of variables, including internal service-user factors such as cognitive and affective processes, and external determinants such as the workers involved, the type of programme or intervention, and the organizational context.

The benefits of a workable theoretical model in this field are twofold. In a practice context, it offers a framework for thinking and analysis, within which to understand and assess parental engagement, to attempt to anticipate problems of engagement, and to identify key issues to be addressed where engagement is problematic. For researchers, it provides a conceptual approach in which the relationship between these factors and outcomes could be tested, and within which studies may further develop and refine the understanding of and relationships between relevant factors. Potential areas for future research lie in testing the validity of the model and the comparative effects

of different variables, examining its usefulness for practitioners, and further exploring the links between parental engagement and outcomes for children.

The model also throws down a challenge to practitioners, researchers and commentators to move beyond a narrow understanding of engagement, and to embrace a genuinely multifactorial analysis.

REFERENCES

Altman, J.C. (2008) A study of engagement in neighborhood-based child welfare services. *Research on Social Work Practice*, **18,** 555–564.

Arkowitz, H. (2002) Toward an integrative perspective on resistance to change. *Journal of Clinical Psychology*, **58,** 219–227.

Booth, T. & Booth, W. (2005) Parents with learning difficulties in the child protection system: experiences and perspectives. *Journal of Intellectual Disabilities*, **9,** 109–129.

Bordin, E.S. (1979) The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, **16,** 252–260.

Brandon, M., Thoburn, J., Lewis, A. & Way, A. (1999) *Safeguarding Children with the Children Act 1989*. The Stationery Office, London.

Buckley, H., Carr, N. & Whelan, S. (2011) 'Like Walking on Eggshells': service user views and expectations of the child protection system. *Child & Family Social Work*, **16,** 101–110.

Casey, S., Day, A., Howells, K. & Ward, T. (2007) Assessing suitability for offender rehabilitation: development and validation of the treatment readiness questionnaire. *Criminal Justice and Behavior*, **34,** 1427–1440.

Chand, A. & Thoburn, J. (2005) Research review: child and family support services with minority ethnic families – what can we learn from research? *Child & Family Social Work*, **10,** 169–178.

Christiansen, O. & Anderssen, N. (2010) From concerned to convinced: reaching decisions about out-of-home care in Norwegian child welfare services. *Child & Family Social Work*, **15,** 31–40.

Cleaver, H. & Freeman, P. (1995) *Parental Perspectives in Cases of Suspected Child Abuse*. Her Majesty's Stationery Office, London.

Darlington, Y., Healy, K. & Feeney, J.A. (2010) Challenges in implementing participatory practice in child protection: a contingency approach. *Children and Youth Services Review*, **32,** 1020–1027.

Daro, D., McCurdy, K., Falconnier, L. & Stojanovic, D. (2003) Sustaining new parents in home visitation services: key participant and program factors. *Child Abuse and Neglect*, **27,** 1101–1125.

Day, A., Howells, K., Casey, S., Ward, T., Chambers, J.C. & Birgden, A. (2009) Assessing treatment readiness in violent offenders. *Journal of Interpersonal Violence*, **24,** 618–635.

DePanfilis, D. & Zuravin, S.J. (2002) The effect of services on the recurrence of child maltreatment. *Child Abuse and Neglect*, **26,** 187–205.

Dore, M.M. & Alexander, L.B. (1996) Preserving families at risk of child abuse and neglect: the role of the helping alliance. *Child Abuse and Neglect*, **20**, 349–361.

Drieschner, K.H. & Boomsma, A. (2008) Validation of the treatment motivation scales for forensic outpatient treatment (TMS-F). *Assessment*, **15**, 242–255.

Drieschner, K.H., Lammers, S.M.M. & van der Staak, C.P.F. (2004) Treatment motivation: an attempt for clarification of an ambiguous concept. *Clinical Psychology Review*, **23**, 1115–1137.

Dumbrill, G.C. (2006) Parental experience of child protection intervention: a qualitative study. *Child Abuse and Neglect*, **30**, 27–37.

Farmer, E. & Owen, M. (1995) *Child Protection Practice: Private Risks and Public Remedies – Decision Making, Intervention and Outcome in Child Protection Work*. HMSO, London.

Fauth, R., Jelicic, H., Hart, D., Burton, S. & Shemmings, D. (2010) *Effective Practice to Protect Children Living in 'Highly Resistant' Families*. Centre for Excellence and Outcomes in Children and Young People's Services (C4EO), London.

Featherstone, B. (2004) Fathers matter: a research review. *Children & Society*, **18**, 312–319.

Ferguson, H. (2009) Performing child protection: home visiting, movement and the struggle to reach the abused child. *Child & Family Social Work*, **14**, 471–480.

Forrester, D., McCambridge, J., Waissbein, C. & Rollnick, S. (2008) How do child and family social workers talk to parents about child welfare concerns? *Child Abuse Review*, **17**, 23–35.

Ghate, D. & Hazel, N. (2002) *Parenting in Poor Environments: Stress, Support and Coping*. Jessica Kingsley, London.

Girvin, H. (2004) Beyond 'Stages of Change': using readiness for change and caregiver-reported problems to identify meaningful subgroups in a child welfare sample. *Children and Youth Services Review*, **26**, 897–917.

Harder, J. (2005) Prevention of child abuse and neglect: an evaluation of a home visitation parent aide program using recidivism data. *Research on Social Work Practice*, **15**, 246–256.

Harris, P. (2008) Engaging substance misusers through coercion. In: *The Carrot or the Stick? Towards Effective Practice with Involuntary Clients in Safeguarding Children Work* (ed. M.C. Calder), pp. 277–296. Russell House Publishing, Dorset.

Holland, S. (2010) *Child and Family Assessment in Social Work Practice*. Sage, London.

Howe, D. (2010) The safety of children and the parent-worker relationship in cases of child abuse and neglect. *Child Abuse Review*, **19**, 330–341.

Kemp, S.P., Marcenko, M.O., Hoagwood, K. & Vesneski, W. (2009) Engaging parents in child welfare services: bridging family needs and child welfare mandates. *Child Welfare*, **88**, 101–126.

Krause, M.S. (1967) Behavioural indexes of motivation for treatment. *Journal of Counselling Psychology*, **14**, 426–435.

Lee, C.D. & Ayon, C. (2004) Is the client-worker relationship associated with better outcomes in mandated child abuse cases? *Research on Social Work Practice*, **14**, 351–357.

Littell, J.H. (2001) Client participation and outcomes of intensive family preservation services. *Social Work Research*, **25**, 103–114.

Littell, J.H. & Girvin, H. (2004) Ready or not: uses of the stages of change model in child welfare. *Child Welfare*, **83**, 341–365.

Littell, J.H. & Girvin, H. (2005) Caregivers' readiness for change: predictive validity in a child welfare sample. *Child Abuse and Neglect*, **29**, 59–80.

Littell, J.H. & Tajima, E.A. (2000) A multilevel model of client participation in intensive family preservation services. *The Social Service Review*, **74**, 405–435.

Littell, J.H., Alexander, L.B. & Reynolds, W.W. (2001) Client participation: central and underinvestigated elements of intervention. *The Social Service Review*, **75**, 1–28.

McCurdy, K. & Daro, D. (2001) Parent involvement in family support programs: an integrated theory. *Family Relations*, **50**, 113–121.

McCurdy, K., Daro, D., Anisfield, E., Katzev, A., Keim, A., LeCroy, C. *et al.* (2006) Understanding maternal intentions to engage in home visiting programs. *Children and Youth Services Review*, **28**, 1195–1212.

McMurran, M. & Ward, T. (2010) Treatment readiness, treatment engagement and behaviour change. *Criminal Behaviour and Mental Health*, **20**, 75–85.

Marcenko, M.O., Brown, R., DeVoy, P.R. & Conway, D. (2010) Engaging parents: innovative approaches in child welfare. *American Humane*, **25**, 23–34.

Nock, M.K. & Ferriter, C. (2005) Parent management of attendance and adherence in child and adolescent therapy: a conceptual and empirical review. *Clinical Child and Family Psychology Review*, **8**, 149–166.

Nock, M.K. & Photos, V. (2006) Parent motivation to participate in treatment: assessment and prediction of subsequent participation. *Journal of Child and Family Studies*, **15**, 345–358.

Platt, D. (2006) Investigation or initial assessment of child concerns? The impact of the refocusing initiative on social work practice. *British Journal of Social Work*, **36**, 267–281.

Platt, D. (2007) Congruence and co-operation in social workers' assessments of children in need. *Child & Family Social Work*, **12**, 326–335.

Prochaska, J.O. & DiClemente, C.C. (1986) Towards a comprehensive model of change. In: *Treating Addictive Behaviours: Processes of Change* (eds W.R. Miller & N. Heather), pp. 3–27. Plenum Press, New York.

Scott, K.L. & King, C.B. (2007) Resistance, reluctance, and readiness in perpetrators of abuse against women and children. *Trauma, Violence and Abuse*, **8**, 401–417.

Shemmings, D. & Shemmings, Y. (1996) Building trust with families when making enquiries. In: *Making Enquiries into Alleged Child Abuse and Neglect: Partnership with Families* (eds D. Platt & D. Shemmings), pp. 67–85. John Wiley, Chichester.

Sheppard, M. (2009) Social support use as a parental coping strategy: its impact on outcome of child and parenting problems – a six-month follow-up. *British Journal of Social Work*, **39**, 1427–1446.

Smith, B. (2008) Child welfare service plan compliance: perceptions of parents and caseworkers. *Families in Society: The Journal of Contemporary Social Services*, **89,** 521–532.

Thoburn, J. & Members of the Making Research Count Consortium. (2009) *Effective Interventions for Complex Families where there are Concerns about, or Evidence of, a Child Suffering Significant Harm*. Centre for Excellence and Outcomes, London.

Thoburn, J., Lewis, A. & Shemmings, D. (1995) *Paternalism or Partnership? Family Involvement in the Child Protection Process*. Her Majesty's Stationery Office, London.

Trotter, C. (2002) Worker skill and client outcome in child protection. *Child Abuse Review*, **11,** 38–50.

Trotter, C. (2008) Involuntary clients: a review of the literature. In: *The Carrot or the Stick: Towards Effective Practice with Involuntary Clients in Safeguarding Children Work* (ed. M.C. Calder), pp. 3–11. Russell House Publishing, Dorset.

Turney, D., Platt, D., Selwyn, J. & Farmer, E. (2011) *Improving Child and Family Assessments: Turning Research into Practice*. Jessica Kingsley Publishers, London.

Ward, H., Brown, R., Westlake, D. & Munro, E. (2010) *Infants Suffering, or Likely to Suffer, Significant Harm: A Prospective Study*. Department of Education, London.

Ward, T., Day, A., Howells, K. & Birgden, A. (2004) The multifactor offender readiness model. *Aggression and Violent Behaviour*, **9,** 645–673.

Yatchmenoff, D.K. (2005) Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on Social Work Practice*, **15,** 84–96.

Yatchmenoff, D.K. (2008) A closer look at client engagement: understanding and assessing engagement from the perspectives of workers and clients in non-voluntary child protective service cases. In: *The Carrot or the Stick? Towards Effective Practice with Involuntary Clients in Safeguarding Children Work* (ed. M.C. Calder), pp. 59–77. Russell House Publishing, Dorset.