



The Blue Sheet

Practical Application of Iowa's Blueprint for Permanency

10/01/2011

Volume 2

Engaging Families:

Building Effective and Productive Relationships

This *Blue Sheet* is devoted to the practice of building effective and productive relationships with families.

How we think about families, and ourselves in the work we do, sets the

- Strengths are what ultimately resolve concerns.
- Strengths are discovered through listening, noticing, and paying attention to people.
- People gain a sense of hope when they feel someone has

Life of the Case



The key to building a productive social worker/family relationship is engagement. It is not just building trust, but also assuring the family's involvement in decision making. It is important throughout the life of the case—from intake and assessment; through case planning and decision-making; to service provision, case reviews, and ultimately safe case closure.

context for how we behave.

How we think about families should be grounded in the values of family-centered, strength-based practice:

- "Families have strengths and can change.
- Children are best raised in families and these families should be respected.

really listened to them.

- Empowering people is preferable to controlling them.
- Family members should be the primary decision makers for their family.
- Mistakes are an opportunity for growth and development."¹

¹ NRCPC, Family Centered Practice <http://www.nrcpc.org/ifcpc/introduction.html>

Family Engagement

Family engagement is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. It is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics, and personal experiences in order to meet the individual needs of every family and every child. Engagement goes beyond simple involvement by "motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in working toward change" (Strieb, 2004)¹

¹ Family Engagement, Child Welfare Information Gateway, Bulletins for Professionals, June 2010

Principles of Engaging Families

COMMITMENT TO THE FAMILY'S WELL-BEING ● PURPOSEFUL TRUST-BASED RELATIONSHIP
● STRENGTH BASED PROTECTIVE AUTHORITY ●
COLLABORATION, EMPOWERMENT AND SHARED DECISION-MAKING ● ACCOUNTABILITY

Commitment to the Family's

Well-Being: We demonstrate commitment to a family's well-being when we behave in ways that help them raise their children successfully without system interventions.

We demonstrate commitment when we:

- Recognize and validate the family's strengths and protective capacities;
- Are honest with concerns in the context of caring;
- Listen carefully to what the family says they need;
- Are reliable and do what we say we will;
- Are responsive to immediate needs;
- Listen carefully to preferences and rationale;
- Allow parents to make choices about how safety is achieved at every opportunity;
- Help the family navigate the complexities of the child welfare system;
- Model the characteristics and behaviors we want families to have; and
- Are persistent in overcoming system barriers and pursuing interventions to meet individual needs.

When we believe in the family, we promote their belief in themselves.

The "Motivational Interviewing" model reminds us that an important part of our job is promoting readiness and resolving ambivalence for family change through engagement, acceptance, and skillful reflective listening. "Change is motivated by a perceived discrepancy between present behavior and important personal goals or values. Resistance is a signal to respond differently".²

Purposeful Trust Based

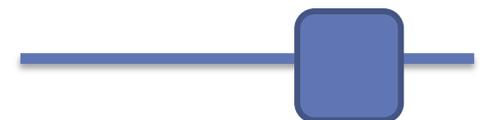
Relationships: To do our job effectively, social workers must develop trust based relationships with the purpose of helping families do their best. We often see good people at their worst; people who may have good reasons not to trust professionals, people whose daily functioning is effected by past trauma or people whose thinking is clouded by substance use. In addition, we intervene in their life when they are in crisis or survival mode, struggling with life issues at the same time they are parenting, often without the resources they need to do a good job.

We build trust spending time with the family, using clear communication, demonstrating genuineness and honesty,

listening carefully with empathy, and coming to agreement about a course of action together. Trust is enhanced when we:

- Use clear communication about our role, responsibilities, and system expectations;
- Have genuine regard for family members, demonstrating respect and recognizing their individual worth while maintaining professional boundaries;
- Being honest about choices, circumstances, and system imposed consequences;
- Listening with curiosity, without judgment, and without interruption; and
- Demonstrating empathy and understanding.

Trust allows us then to come to agreement about shared decisions for next steps. We build trust with healthy boundaries and professional behavior. All interactions with the family must reflect respect for their culture, race, ethnicity, language, and religion, and focus on maintaining family connections.



² Motivational Interviewing, Jeanie McCarville Kerber

Strength Based Protective

Authority: We have an important dual but complementary responsibility – assuring that protective measures are in place, and recognizing family strengths that will *contribute to safety*. Trust

"If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be."
Goethe

based relationships can be reinforced when we join with the family members around the important goals of preserving the family and the safety of the children. The safety and protection constructs we use help us remember to recognize family resources that reduce, control and prevent threats of maltreatment [parental capacity] when we weigh threats of maltreatment and vulnerability of the child. Focusing on strengths of a family does not mean that we do not look realistically at the risks and characteristics that cause concerns about safety. However, use of power, control, and authority can undermine building trust. It can also undermine family change when the result is telling the family what to do. The goal of shared decision-making is family ownership of a plan of action.

Collaboration, Empowerment, and Shared Decision-Making:

Key to effective practice is allowing the family to be full partners in decision making....decisions about how to keep the child safe, placement options, service options, and evaluating the effectiveness of interventions. Families are empowered through effective family meetings where their views and opinions are valued by the team and they are asked about their strengths and unmet

"Outcomes improve when youth and their parents are active participants in their own planning and service provision."

Iowa Blueprint for Forever Families April 2011

needs. Being honest about the dual responsibility you have to assure safety of the child, with your important role of helping the family, contributes to an ongoing positive helping relationship.

Accountability: We are accountable to the families with whom we work. Services and supports to the family must be strength-based, fair, responsive, and effective. Again:

- Assess fairly, recognizing strengths and concerns,
- Listen carefully to what they say they need, and
- If something is not helping, reassess and try something different.

Compliance Vs. Collaboration

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"Families can be involved and compliant without being engaged. Engagement is about motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in changing things for the better. Engagement is what keeps families working in the long and sometimes slow process of positive change.

Research on client participation in family preservation services distinguishes between compliance and collaboration. Compliance includes cooperation, completing tasks, and keeping appointments, whereas collaboration is associated with agreeing with service plans and participating in treatment. ...although caseworkers may interpret compliance as an indicator of engagement, from the client's perspective, engagement is more closely linked to investment in the change process."

Sue Strieb, Children's Voice [2004]



Case Example

When Kassie, the social work case manager for the Johnson family, went to the home, there was no answer at the door. She went to the barn where she heard pounding. When she introduced herself, Mr. Johnson was furious. He had just gotten a paper in the mail indicating that he was a child abuser. The child abuse assessor had only talked to his wife and his children, and he didn't understand how a report could be finished without talking with him. Standing in the cold barn for more than an hour, Kassie listened quietly, occasionally confirming what she was hearing, occasionally saying "Oh, I'm so sorry that happened." When she started shivering, Mr. Johnson turned on the space heater and eventually got chairs. Kassie learned that Mrs. Johnson had an "alcohol problem." She had left the home 3 weeks ago and Mr. Johnson was the primary caregiver of four small children for the first time. He shared that his youngest daughter (age 3) was recently diagnosed with a pervasive developmental disorder and his son, age 4 was ADHD and "most of the time, squirrely as hell." Since the child abuse report, he felt he had lost his authority and the means to maintain any control over his children. Since his childhood was emotionally painful, he had always wanted to be a good father to his children. Kassie talked with Mr. Johnson about what he wanted for his children, validating his aspirations for their well-being, reframing, and reinforcing described qualities of good parenting. Mr. Johnson admitted needing to know more about good parenting, as he had never had a good model. When talking about his wife leaving, he became tearful.

From this first meeting, Mr. Johnson and Kassie came to an agreement that she would find out about the child abuse report and bring him an appeal form. Mr. Johnson agreed he would talk with the assessor, if an appointment was made. He agreed to a family team decision-making meeting and would have the children (who were currently at their grandmother's home) available tomorrow after school. Mr. Johnson agreed to contact his sister and mother to participate in the family team meeting, even though he described them as critical of how he raised his children. He would also invite his neighbor and wife who had done chores for him and cared for the children occasionally.

As Kassie explained clearly her roles and responsibilities, Mr. Johnson became concerned and then defensive. She validated his feelings, reconfirmed her commitment to keeping the family together, and talked about how she valued honesty and thought he did too. As she reviewed the safety plan, with corresponding strengths, she talked about how the strength could be used to mitigate concerns. Mr. Johnson recommended several changes in safety strategies but agreed that the plan would keep things under control as they moved forward. As Kassie left, she reconfirmed that she would be at the house tomorrow after school to meet the children.

In this example, which strategies of engagement did you see?

Evaluating Your Permanency Practice³

1. Have you met with the child and family face-to-face and identified their strengths, needs, and important personal goals and values?
2. How have you provided opportunities for the family to make choices about how safety is achieved? Have you listened carefully to their preferences?
3. How have the child and family engaged as active participants in the service process?
4. Have you communicated clearly your role, responsibilities, concerns, system expectations, and conditions for safe case closure from the very first meeting?
5. Are there immediate needs to which you can respond, to build your credibility, and demonstrate to the family that you are interested in their well-being?
6. Are you persistent in overcoming system barriers and pursuing interventions that meet individual needs?
7. What engagement, support, and intervention techniques are working with the child and family so far? What makes these techniques successful?

³ Guide to Reflective Practice, Human Systems and Outcomes, Inc., September, 2001