

January 2013

Efforts to Engage Parents and Case Outcomes in the Child Welfare System

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Efforts to Engage Parents and Case Outcomes in the Child Welfare System

by

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A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
School of Social Work
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Date of Approval:
May 28, 2013

Keywords: Parent Engagement, Foster Care, Out-of-Home Care, Length of Stay, Reentry

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DEDICATION

I dedicate this dissertation to my husband, Tim and to my committee members, Drs. Strozier, Ersing, Armstrong, and Yampolskaya. To my husband, Tim, your never-ending love and support continues to be a source of spirit and strength for me; I am so blessed to be walking through life with you. To my committee, I am forever grateful for your ongoing encouragement and guidance and for sharing your wisdom and expertise with me. To my classmates, especially Erica, Esther, Alicia, and Kim, I am thankful for our friendship and to have shared this dissertation journey with you. To my friends and colleagues, I truly appreciate your encouragement and support over the years. To Kathleen, your friendship means more to me than you know; thank you for walking beside me through the dissertation process and life's events. Finally, I would like to thank the Florida Department of Children and Families for permitting me to use their data for this dissertation and the child welfare professionals across the state for their personal and professional commitment in their efforts to help families achieve and sustain permanency, safety, and well being.

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ABSTRACT

The vast majority of child maltreatment in the United States is perpetrated by parents and over half of maltreated children placed in out-of-home care are reunified with the parents from which they were removed. Additional victimization of these children sometimes necessitates their reentry into out-of-home care. These realities emphasize the need to engage parents in assessment, planning, and services throughout the life of a child welfare case. Engagement is a key ingredient in social work practice and is widely accepted in the child protection arena as critical to successful service planning and participation. However, little research has focused on the relationship between engaging parents and child welfare case outcomes. Utilizing data systematically collected by the Florida Department of Children and Families as part of its quality assurance program, this study examined the relationship between case worker efforts to engage parents in case planning, decisions impacting the child, and services; and the length of a child's stay in out-of-home care related to being discharged within 12 months of entering out-of-home care, and a child's reentry into out-of-home care within 12 months of being reunified with his or her parents. Cox regression analyses revealed that Hispanic children were less likely to be discharged from out-of-home care within 12 months of entry and younger children were more likely to reenter out-of-home care within 12 months of being reunified with their parents. Multivariate models revealed that case worker efforts to engage fathers in case planning and decisions impacting the child were significant

predictors of children being discharged from out-of-home care within 12 months of entry, though this did not hold true for efforts to engage mothers. No case worker efforts to engage parents were significant predictors of children reentering out-of-home care within 12 months of being reunified with their parents. Although this study took an important step in more fully understanding how engaging parents may influence case outcomes, the findings suggest considerations for social work practice and research. Additional training to enhance cultural awareness and cultural competency skills could aid case workers in tailoring their engagement efforts to the race/ethnicity of children and families with whom they work. Further research into the lack of association between engaging mothers and length of stay, and between engaging parents and reentry into out-of-home care is also warranted. Quantitatively measuring engagement from the parents' perspective should also advance the line of inquiry into the relationship between engagement and child welfare case outcomes.

CHAPTER 1: INTRODUCTION

According to the U.S. Department of Health and Human Services (USDHHS, 2012c), there were an estimated 676,000 children maltreated (i.e., abused or neglected) in the United States during fiscal year 2010-2011. In 81% of these cases, parents were the perpetrators of the neglect or abuse. Approximately 400,000 children were living in foster care placements at 2010-2011 fiscal year end and the plurality of these children (47%) lived in non-relative family foster homes (USDHHS, 2012a). The majority (52%) of children exiting foster care were reunified with a parent or primary caregiver (USDHHS, 2012a). A decade earlier, similar proportions of children had the same placement status; 47% of children were living in a non-relative family foster home and 57% of children were reunited with their family of origin (USDHHS, 2006).

In Florida, nearly 60,000 children were served by child welfare officials during FY09-10 with over half (56%) in foster care (Armstrong et al., 2010). During this same time period, over 67% of children were reunified with their families within 12 months of being placed in foster care.

Once reunified however, additional victimization of these children sometimes necessitates their reentry into the child welfare system. According to the National Survey of Child and Adolescent Well-Being (NSCAW), 22% of children reunified with a parent or relative were returned to foster care within 3 years (Barth et al., 2010). The national

median for child reentry into foster care within 12 months of reunification with family is 12% with individual state statistics ranging from 2% to 26% (USDHHS, 2010).

Parents are the primary perpetrators of child maltreatment and the very same caregivers to whom the majority of children are returned after being placed in out-of-home care. These realities combined with the potential for reentry into foster care emphasize the need to engage parents in assessment, planning, and service processes. Efforts should be aimed at continually building parents' capacities to sustainably care for their children in an environment that is safe and permanent at least to the degree that precludes future involvement with the child welfare system.

Engagement is a key ingredient in social work practice. The National Association of Social Workers Code of Ethics (1999) recommends that "social workers engage people as partners in the helping process...in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families..." (p. 6). Effective social work practice is predicated on helping people address social issues in a manner that respects and enhances their dignity, individuality, and capacity while affirming the importance of establishing and maintaining healthy relationships through interacting with individuals in a collaborative, trustworthy, and ethical manner (National Association of Social Workers, 1999). These core values provide a framework from which to initiate and continue the process of successfully engaging parents and are especially relevant to practice aimed at better equipping child welfare professionals and parents at maximizing the family's experience within the child welfare system and improving child and family outcomes.

Parent engagement is widely accepted in the child protection arena as critical to successful service planning and participation (Altman, 2005; American Academy of

Child & Adolescent Psychiatry, 2002; Child Welfare League of America, 2003; Loman & Siegel, 2005; Munson & Freundlich, 2008) and can be considered a pre-requisite to the effectiveness of services (De Boer & Coady, 2007). Diorio (1992) raised an important question about how a parent's experience and engagement in the child welfare system will impact his or her future help-seeking behavior: "After a case is closed, will a parent who has been involved in mandated child protective services ever voluntarily seek or submit to 'help' from an agency in time of need or crisis?" (p. 233).

To facilitate meaningful and positive experiences for families, the National Association of Social Workers (2005) mandates in their child welfare practice standards that families be engaged as collaborative partners throughout the child welfare process and that social workers "seek to understand and incorporate, as appropriate, the family's perspective and definition of the problem and potential solutions" (p. 22) to "ensure that service is a mutual undertaking between social worker, family, and child" (p. 23). A policy statement developed by the American Academy of Child and Adolescent Psychiatry (2003) and the Child Welfare League of America relevant to mental health and substance abuse services provided to children and families involved in foster care advises that family participation is important in all levels of service planning and delivery including the child, organizational, and system levels. In *A Family's Guide to the Child Welfare System*, McCarthy and colleagues (2003) delineate certain rights and responsibilities of parents, such as participating in the development of service plans, receiving and communicating information about the child and family, and receiving and participating in services. At a national level, the federally-established and funded National Child Welfare Resource Center for Organizational Improvement, National

Resource Center for Permanency and Family Connections (NRCPFC), and National Resource Center for Child Protective Services also provide resources and technical assistance to child welfare communities to improve collaboration with families designed to maximize their involvement in assessment, decision making, case planning, and services.

The importance of engagement is also evidenced in the implementation of family-centered practice approaches that have become more prevalent in child welfare settings to foster thinking and improve skills in engaging parents and families. Such approaches emphasize a focus on the family as a whole; building family capacity to improve functioning; including the family in policy, service, and evaluation efforts; and linking the family with community-based supports in an inclusionary and collaborative fashion to meet their unique needs (NRCPFC, 2009).

Historically, child welfare professionals have omitted fathers from their case work efforts with fathers going unacknowledged by the system (Coady, Hoy, Cameron, 2012). Scourfield (2006) refers to this as a “deeply rooted legacy” (p. 441) of the child protection system. Traditionally known as the family ‘breadwinner’, fathers have been marginalized in case activity, with child welfare professionals instead focusing on the mother as the primary nurturer and the person most central to ensuring the well-being of the child. O’Donnell and colleagues (2005) conducted five focus groups with 34 child welfare case workers in Illinois and found that they worked with fathers less than 20% of the time.

In a review of 116 child protection files randomly selected from one child welfare agency in Canada, researchers determined the relevance of fathers to mothers and

children as suggested by social workers' descriptions of fathers, the presence or absence of efforts made by social workers to include fathers in assessments, and the number of father contacts attempted or completed by social workers. As indicated by the documentation in the files, 49% of fathers were considered as irrelevant to children and 51% were considered as irrelevant to mothers (Strega et al., 2008). In addition, when fathers were considered a risk to the child or mother, they were only contacted by social workers 40% and 50% of the time, respectively. In the same study, fathers were absent from any parenting capacity assessments found in the files even when they had been identified as parenting the child (Brown, Callahan, Strega, Walmsley, & Dominelli, 2009).

In her study of 286 birth parents of children in served by three New York City foster care agencies, Franck (2001) discovered that mothers were the subjects of significantly more case worker efforts, received more services, and experienced less difficulty visiting their children than fathers. However, she also found that the greater the level of case worker effort, the greater the level of parent (mothers and fathers) involvement in case activities. Interestingly, the reverse was also true – the more parents participated in their cases, the more case workers made efforts to involve them.

The literature points out that excluding fathers from case planning and services disregards the potential contributions they can make to their children's lives (Dubowitz, 2009; Strega, Brown, Callahan, Dominelli, & Walmsley, 2009). However, regardless of caregiver gender, it can be difficult to engage parents, especially if they are reluctantly or involuntarily involved in the child protection system. Mothers and fathers involved in the child welfare system often face daily obstacles such as poverty, inadequate employment

or housing, poor coping or parenting skills, domestic violence, substance abuse, and/or mental health disorders that tax their ability to effectively care for themselves and their children (Webb & Harden, 2003). Such issues coupled with the coercive nature of court-mandated child welfare services can create a challenging atmosphere in which child welfare professionals are called upon to successfully engage parents in services aimed at preserving the safety and well-being of the child and family unit (Dumbrill, 2006; Ferguson, 2001; Yatchmenoff, 2005).

Strategies to facilitate parent engagement include targeting efforts at collaborative practice with parents, linkage to community resources, worker empathy and support manifested through their behavior, parent skill building, and inclusion of family members in case activities (Dawson & Berry, 2002). Kemp and colleagues (2009) discuss six areas of strategic focus to build engagement with parents involved with the child welfare system. These include (a) early and persistent efforts by case workers to respond to parents' needs, (b) concrete assistance such as transportation and convenient scheduling, (c) educating and empowering parents in navigating systems, (d) fostering parent relationships with peers and various child welfare professionals, (e) collaborative partnering with parents in service planning and provision, and (f) building family-centered systemic cultures. These strategies are reflective of the principles of family-centered practice that emphasize a focus on the family, building family capacity and functioning, shared planning, and individualized services.

Therefore, based on the literature and for the purposes of this study, parent engagement was defined as a process by which parents are encouraged and supported to participate appropriately in all levels of case activity. This study examined child welfare

case worker efforts to engage parents in case planning, decision making, and services, and their association to child welfare outcomes.

Study Purpose

The literature discusses the practice of parent engagement from the perspectives of parents and child welfare professionals. Though valuable qualitative work has been conducted to examine parent engagement strategies, facilitators, and challenges, little research has focused on the relationship between engaging parents and case outcomes. The purpose of this study was to examine this relationship. However, since data is not regularly collected from parents regarding their engagement in case activities, the current study utilized data systematically collected by the Florida Department of Children and Families (DCF) as part of its quality assurance program to examine the relationship between case worker efforts to engage parents and case outcomes. The Florida DCF (2009b, 2010) identified five case management quality of practice standards as relevant to the engagement of mothers and fathers in the areas of (a) case planning, (b) decision making, and (c) service provision.

There is one Florida DCF quality of practice standard related to involving family members in case planning. However, separate data were collected and available for mothers and fathers which will allow for distinct analyses. The standard requires case workers to make concerted efforts to actively involve parents in several activities. These include identifying their own strengths and needed services, establishing and evaluating their progress toward case plan goals, and discussing their case plans during planning meetings.

There are two separate but identical quality of practice standards relevant to involving parents in decision making, one for mothers and one for fathers. These standards require case workers to make concerted efforts to promote parent participation in making decisions related to the needs of the child and activities in which the child is involved. This includes the child's medical appointments, extracurricular activities, and case conferences. Case workers are also expected to address transportation issues impacting the parents' ability to participate in child-related activities and provide opportunities for the parent and child to improve their relationship.

The final two standards to be included in this study require case workers to make concerted efforts to promote parent engagement in services and focus on the identification of barriers to engagement; these two standards are also separate but identical for mothers and fathers. In addition to advocating on the behalf of parents to minimize obstacles to parent participation in services, case workers are expected to address barriers such as parent resistance to receiving services, transportation to obtain the service, service agency wait lists, and prohibitive costs of services.

Research Questions and Hypotheses

This study was guided by the overall question: Are case worker efforts to engage parents as documented in the DCF quality assurance data predictive of case outcomes?

As described above, case worker efforts include:

- actively involving mothers and fathers in case planning,
- encouraging and supporting the participation of mothers and fathers in decisions impacting the child, and
- supporting the engagement of mothers and fathers in services.

Case outcomes examined in this study included:

- the child's length of stay in out-of-home care, and
- the child's reentry into out-of-home care.

Specific details on each of these outcomes are provided in the methods section of this proposal.

The following hypotheses were tested in this study:

1. The presence of documented efforts by the case worker to actively involve a mother in case planning will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care.
2. The presence of documented efforts by the case worker to actively involve a father in case planning will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care.
3. The presence of documented efforts by the case worker to encourage and support a mother's participation in decisions impacting her child will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care.
4. The presence of documented efforts by the case worker to encourage and support a father's participation in decisions impacting his child will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care.
5. The presence of documented efforts by the case worker to support a mother's engagement in services will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care.

- 6. The presence of documented efforts by the case worker to support a father’s engagement in services will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care.

These hypotheses are illustrated in Figure 1.1 below.

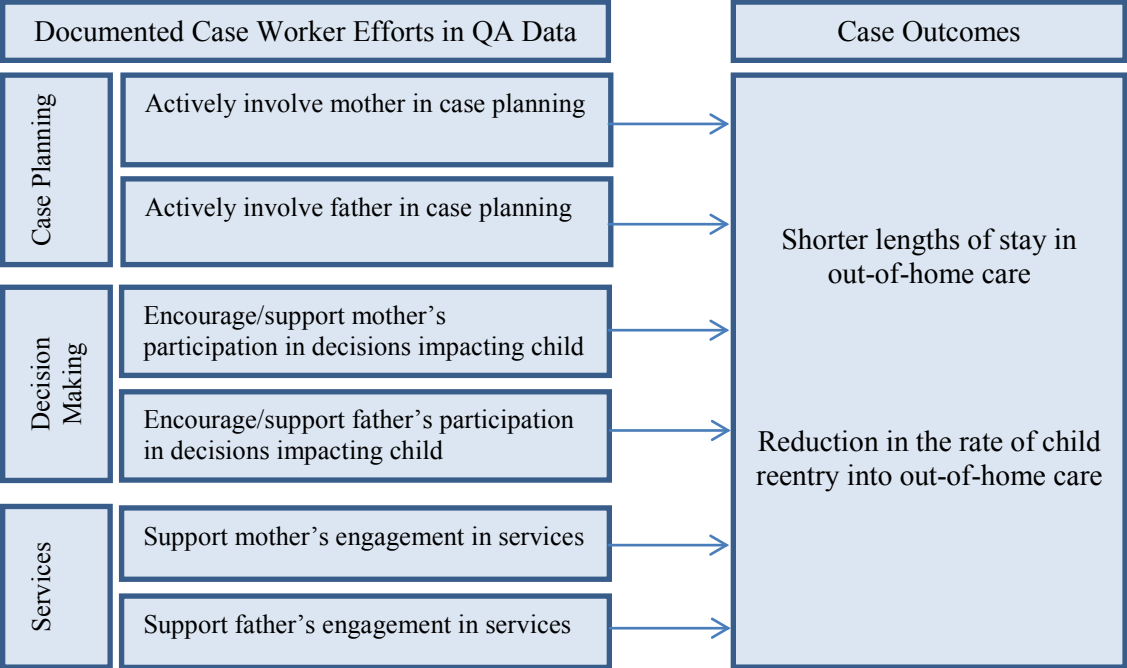


FIGURE 1.1. Hypothesized Relationship Between Documented Case Worker Efforts and Child Welfare Case Outcomes

In addition, the investigator utilized multivariate Cox regression models (Cox, 1972) to answer the following research questions:

- 1. Which documented case worker efforts of parent engagement best predict shorter lengths of stay in out-of-home care?
- 2. Which documented case worker efforts of parent engagement best predict a reduction in the rate of reentry into out-of-home care?

CHAPTER 2:

LITERATURE REVIEW

According to Robbins, Chatterjee, and Canda (2006), the use of theory is crucial to the provision of effective social work practice because it offers a conceptual framework with which to assess social issues and environments, and to design and implement appropriate interventions. Likewise, research into social work practice can be enhanced by the inclusion of a guiding theoretical foundation. Theoretical support for parent engagement exists in dynamic systems theory, empowerment theory, and social casework theory.

Dynamic Systems Theory

Dynamic systems theory is applied as an overarching theory for this study. This theory defines a system as having three primary characteristics: 1) it is a whole, distinct entity, 2) it is comprised of smaller systems, and 3) it exists as a part of multiple larger systems, all of which are interrelated and interdependent (Robbins et al., 2006). Although child protection professionals continually attend to maximizing the safety and minimizing the risk to children who have been maltreated, achieving and maintaining well-being and permanency requires suitable and sustainable family functioning. Therefore, a child welfare case worker may identify the family as the focal system – the focus of attention. Individual family members such as the child, mom, dad, and siblings make up smaller subsystems on which the case worker is focused within the focal system. Larger systems

external to the family including the child's school, law enforcement, child welfare agencies, community service providers, and substitute caregivers are external suprasystems that are part of a child welfare case.

The homeokinetic nature of open dynamic systems is reflected in processes to maintain system continuity by exchanging efforts and resources with other systems (Robbins et al., 2006). This is accomplished in four ways: goal direction, input, throughput, and output. Goal direction involves establishing priorities and values, input consists of appropriate efforts and resources specific to the goal, and throughput is the integration of these resources into improved functioning. The following examples describe how these constructs may be applied to a child welfare case as reflected in the achievement of DCF case management quality of practice standards related to parent engagement. There is documentation that the case worker has made concerted efforts to involve the parents actively in the case planning process to identify strengths, needs, specific case goals, and potential services (goal direction). There is documentation that the case worker has made concerted efforts to encourage and support the parents in making decisions impacting the child and participating in child-related activities such as health care appointments or school and extracurricular activities (input). There is documentation that the case worker has made concerted efforts to support the mother and father in participating in services for themselves by addressing any barriers to receiving services (input). The intent is that if the case worker is successful at involving the parents in establishing case goals and providing service opportunities for the parents to accomplish these goals, then the parents will integrate their new knowledge and skills into their self-care and child-care repertoire (throughput). The hypothesized outcomes are

that parents make progress on their case plan goals, the child has a shorter length of stay in out-of-home care, the child is reunified with the parents, and there is a reduction in the rate of reentry into out-of-home care after case closure (output).

It is important to note that the complex nature of human behavior and social environments requires ongoing recognition of equifinality in social work practice which means that family systems will require approaches, interventions, and resources to fit their unique situations and needs. This is especially true in child welfare practice where families may be experiencing myriad challenges that potentially contributed to their initial involvement with the child protection system. For example, parents may have mental health issues that make participation in case planning activities challenging. Parents with ongoing substance issues may need to address those challenges prior to enrolling in parenting classes in order to maximize the potential benefits of such a service. Other barriers may arise between systems such as transportation for parents that do not live or work within proximity to the service location, or parents may not be able to afford the cost of a service if they are underemployed or unemployed. Working parents may have difficulty obtaining a service offered at times that conflict with their work schedules. Service providers may have waiting lists that delay parent participation. It is vitally important for case workers to realize and attend to these and other challenges if they are to facilitate successful interaction between parents and other systems in which their involvement is required.

Empowerment Theory

Drawing from systems theory, empowerment practice recognizes that power exists on personal, interpersonal, and environmental levels (Parsons, Gutierrez, & Cox,

1998). Gutierrez (1994, p. 202) defines empowerment as a “process of increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their situations.” Empowerment “is aimed at joining with people called clients to help them gain access to power in themselves, in and with each other, and in the social, economic, and political environment” (Lee, 2001, p. 26). Perkins and Zimmerman (1995, p. 569-570) state that the construct of empowerment “compels us to think in terms of wellness versus illness, competence versus deficits, and strength versus weakness.” Assumptions of an empowerment approach include (DuBois & Miley, 1999):

- It is a collaborative partnership between client and worker where clients are seen as capable and competent systems that must be provided information, resources, and opportunities.
- Clients must define their own goals and realize their own capacity to utilize resources to create change.

Parallel constructs are found in Saleebey’s (1997, p. 3) writings on the strengths perspective where he states, “Rather than focusing on problems, your eye turns toward possibility.” Strengths perspective practice is driven by the principles that: although they may be obscured by current stressors, strengths reside within every individual and family; challenges can be sources of opportunity for individuals and families; individual and family capacities for positive change should not be limited or underestimated; and collaboration with individuals and families is respectful of and necessary to build upon their knowledge, experience, and potential (Saleebey, 1997).

All of these beliefs are undeniably applicable to the field of child welfare practice as they mirror the national standards and guidelines related to parent engagement described earlier. Beliefs about the importance of involving parents in their children's foster care and accompanying practices have evolved over time. Palmer (1996) differentiates between traditional exclusive practice where foster parents are seen as replacements for parents of origin and inclusive practice where parents participate in the process of placing their children in out-of-home care and the children's emotional needs associated with placements are recognized and addressed.

Current approaches such as integrated case management and family meeting models (e.g., team decision making and family group conferencing) are the result of further efforts to develop enhanced collaborative strategies that recognize and incorporate families into child welfare case planning and decision making in order to engage and empower families toward better outcomes. Realizing the need for better parent involvement as a means toward improving child welfare practice and outcomes, professionals in British Columbia, Canada implemented the practice of integrated case management (ICM). The ICM framework places the parent at the center of the process and thus incorporates parent direction in an empowering, collaborative, multi-disciplinary approach to serving families in the child welfare system (Ministry of Children and Family Development, 2006). When a parent involved in the child protection system has complex needs and multiple service providers, an integrated case management team is formed to develop and follow one integrated service plan. The ICM processes are carried out based on the following principles: utilizing a holistic approach, building on client strengths, multi-disciplinary case conferences, shared decision making, open

communication and information sharing, recognizing diversity, collaboration and mutual respect among team members, participation and accountability of all team members, continuity of services, transition planning, and the use of least intrusive and restrictive interventions (Ministry of Children and Family Development, 2006; Rutman, Hubberstey, Hume, & Tate, 1998). In addition to the involvement of family members, the ICM teams consist of other community and system representatives such as school teachers or liaisons, child care professionals, child protection workers, physicians or other health professionals, community mental health nurses, family spiritual leaders, law enforcement officials, extended family members, family advocates, and social workers.

In a review that focused on ICM practice being implemented in four regions of British Columbia, parents and child welfare professionals participating in interviews and focus groups offered their perspectives on the challenges and benefits of ICM (Hubberstey, 2001). Barriers to engagement in the ICM process included parents sometimes feeling uncomfortable with too many professionals at case conferences and inconvenient meeting times that interfered with their work schedules. However, these issues were successfully addressed by parents having supportive advocates accompany them to meetings and requesting that conferences be held at more convenient times and locations. Other barriers indicated by parents included a lack of follow through by responsible parties on their case and decisions being made outside the ICM process that directly affected their case. These issues resulted in parents feeling frustrated and dissatisfied which affected their relationship with the worker. Parents also recognized strengths of the ICM process that enhanced their engagement. Team member professionals skillfully maintained a focus on the child that improved parents' abilities to

work together for the benefit of the child and family, and parents reported learning new skills in managing anger, solving problems, and making decisions. The multi-disciplinary team structure of the ICM approach appeared to have a positive impact on parents as well with parents indicating that they felt fully included, supported, valued, empowered, and hopeful with so many people working with them, instead of feeling isolated and wholly responsible for their outcomes. Finally, parents indicated that being treated with respect by professionals increased their willingness to forge ahead in the process even when they were faced with challenges.

Challenges experienced by practitioners on ICM teams included concerns regarding a limited capacity of some parents to participate in case conferences, practitioners not expressing their true concerns during case planning conferences with parents present, and the time-consuming nature of engaging and involving parents in the ICM process (Hubberstey, 2001). However, once they became more familiar with and followed through with implementing the ICM framework, practitioners acknowledged the benefits of the model. They reported a greater cognizance and appreciation of parent capabilities and strengths; more collaborative and creative thinking and decision making among multi-disciplinary team members; and improved relationships with parents.

There are a variety of family meeting models (e.g., team decision making, family group conferencing, family group decision making, and family team conferencing) that have emerged in the field of child welfare aimed at increasing family engagement, empowerment, and participation. Common characteristics of these models include the value of recognizing and building on family strengths, expectations that implementation of family team models will change child welfare practice for the better, broad and

inclusive membership on the family team; facilitation by trained team coordinators, and the selection of “neutral” meeting places to support family participation (Center for the Study of Social Policy, 2002). Findings from research on team decision making and family group conferencing are discussed below.

Team decision making (TDM) is part of the Family to Family initiative sponsored by the Annie E. Casey Foundation in which parents, relatives, and members of the local community are central actors in the decision-making process for children in child welfare systems. Two core tenets of TDM are that families are more likely to participate in services when they are part of the decision-making process and services are more effective when “designed with the cooperation and input of families” (Annie E. Casey Foundation, 2002). There are six key elements to TDM: 1) meetings which include family members are held for all decisions regarding child placements (removal or change in placement) or reunification with the family, 2) these meetings are held prior to placement decisions being made, 3) local community representatives are invited to participate to ensure that neighborhood services are available to the family, 4) TDM meetings are coordinated and lead by well-trained independent facilitators, 5) information from each meeting is documented and compared to child and family outcomes, and 6) placement of children in foster care serves as an initiation of a visit between birth and foster parents (Crea, Crampton, Abramson-Madden, & Usher, 2008).

Researchers conducting a process evaluation of TDM practices being implemented in three U.S. cities utilized administrative data to examine the number and types of participants in TDM in child welfare cases (Crea, Usher, & Wildfire, 2009). The evaluation included 10,581 TDM meetings held with 6,019 families over a period of

approximately two years. Birth parents attended 71.9% to 88.6% of meetings across the three sites to discuss removal of children from their homes of origin and relatives attended 47.2% to 56.8% of the time. Case investigators and ongoing child welfare workers attended 41.9% to 77.7% and 23% to 47% of removal meetings, respectively. Service providers attended to a lesser extent with guardians ad litem and court-appointed special advocates attending with greatest frequency at .70% to 28.1% of removal meetings. The most common pattern of attendance among parents, relatives, friends, and youth across the three sites was parents and relatives attending together, and the second most common pattern was parents attending alone.

A similar analysis focused on factors that influenced the implementation of TDM in three U.S. communities (Crea et al., 2008). Thirty-one interviews and 13 focus groups were conducted with 89 stakeholders involved in the child welfare system, including TDM meeting coordinators and facilitators, case workers and supervisors, legal system representatives, and community members. Several implementation barriers were revealed. One of the most common challenges was the lack of financial resources to hire a sufficient number of TDM facilitators to effectively attend to each case and the subsequent increased workload on the facilitators already on staff. Another challenge was the time required to contact all potential participants, and coordinating and scheduling times to allow for everyone's attendance. The paradigm shift required for some staff to fully embrace the TDM model emerged as another implementation issue. This appeared to be more prevalent among frontline staff who revealed that their initial hesitation was due to perceived loss of authority as decision makers.

Originating in New Zealand, family group conferencing (FGC) is a solution-focused model developed with the belief that “extended families have the commitment, resources, and capacity to create safe and caring plans for their children” (Shore, Wirth, Cahn, Yancey, & Gunderson, 2002). Guiding principles of FGC include: having an independent coordinator to convene meetings, allocating sufficient time and resources for family group meetings, allowing family member groups private time to discuss the case and develop a case plan, giving preference to the family’s plan of action when appropriate, and allocating sufficient resources to implement plans (Olson, 2009). The first step in the FGC process consists of the facilitator contacting community and family members for participation in a conference. The facilitator explains the process to all individuals in order to prepare them. Next, the facilitator convenes the family group conference at a location selected by family members and introductions among all attendees occur. Information about the case is then shared, including supports currently in place and additional supports available within the community, and review of placement and permanency options. The third step in the FGC process gives the family time to meet privately to discuss the case and develop their own plan to ensure the child’s safety and well-being. The plan is then reviewed with the facilitator and social worker and if it meets the safety regulations of the child welfare agency, the plan is accepted. Finally, follow-up to the initial conference is conducted to monitor the safety of the child and the delivery of services and support to the family. Studies related to FGC that are described below were selected for inclusion herein because they illustrate the efforts necessary to implement FGC and/or they provide some immediate and longitudinal outcomes.

Sieppert, Hudson, & Unrau (2000) conducted a study in Calgary, Alberta to describe implementation mechanisms and outcomes of FGC conducted with 23 families involved in the child welfare system. In preparation of the 23 family group conferences, the coordinator attempted 950 contacts via multiple methods, 55% of which were successful – the majority by telephone (76%). The coordinator spent a total of 165 hours making these contacts for an average of 7 hours per conference. The majority of conferences (70%) were conducted at a “private family service agency” while others were convened at families homes, churches, or counseling agencies. They occurred every day of the week and at various times. Consistent with FGC practice guidelines, introductions of all conference attendees were completed, the purpose and process of the conference were explained, and information regarding the case was shared. Questions and concerns were encouraged from all participants. A variety of issues needing attention were raised in each conference including substance abuse by parents, unemployment, parental conflict, parent-child conflict, parenting ability, child living situation, child behavior, and, of course, child safety and well-being. After each family met privately (sometimes with support persons invited by the family) and their plan was discussed in depth with the team, each of the 23 plans was accepted with an average number of four goals per plan.

Sieppert and colleagues (2000) report that only nine families participated in a follow-up meeting 11 weeks on average after the initial FGC; follow-up meetings for the other 14 families were deemed unnecessary by the child protection workers. At the time of the follow-up meetings, half of the plan goals for these families had been completed. All but one family revised their plans during the follow up meetings and one family

developed a new plan to better meet the needs of their children and families. While the study did not examine participant perceptions of parent engagement as a specific outcome of FGC, it did include an examination of FGC participant satisfaction. Eighty percent were highly satisfied with the conference location and 70% were highly satisfied with the preparation that took place prior to the conference and having appropriate participants involved. Similarly, 85% of participants reported feeling comfortable enough to express themselves during the conference and 76% reported a “strong sense of being involved in the decision-making process” (Sieppert et al., 2000). A slightly lower proportion of participants reported a high degree of satisfaction with decisions made at conferences (65%) or with the plans resulting from the conferences (72%).

Researchers in the state of Washington conducted a retrospective study of 70 FGCs concerning 138 children in 70 families (Shore et al., 2002). Data was collected via a content analysis of the family plans developed during FGC and from a database developed to track case outcomes. The analysis revealed that a total of 589 primary and extended family members and 361 service providers attended these conferences with an average of eight family members and five service providers per conference. Accepted family plans resulted from FGCs for 97% of the children. Families identified a variety of needed supports and services in their plans including those addressing mental health (counseling), substance abuse (evaluations or Alcoholics Anonymous), behavioral issues (anger management, domestic violence, and parenting), housing, education, and financial resources. All of the plans reviewed also included at least one support provided through the family network such as transportation, respite, placement options, and emotional support. The authors suggested that the FGC process can be an effective tool in

promoting child safety and permanence as illustrated by the following positive outcomes. The proportion of children living with their parents increased from 20% to 43% after the FGCs and the proportion of children living with relatives decreased from 55% to 31% after conferences. Overall, less than 7% of children were re-referred for abuse or neglect after conferences and among the 55 children who were at least two years post-conference, only two had been re-referred to child protective services. Additionally, the child placements identified in family plans remained stable over time.

A study in Sweden compared experiences for families participating in FGC (66 families with 97 children) to those participating in traditional child protective services (104 families with 142 children); all families were followed for three years post-investigation closure (Sundell & Vinnerljung, 2004). Seventy-five percent of family members invited to the FGCs attended, with an average of 9.4 per conference. All but one of the plans developed by families was accepted. Approximately half of the service needs in the plans were identified as being met by family members. Overall, children with FGC plans were significantly more likely to be placed in foster care and receive more services on average than children involved in traditional child protective services. Eighty-one percent of family members relayed a belief that they had been sufficiently informed about the FGC process, 84% indicated a belief that appropriate individuals had attended the FGCs, 89% were satisfied with the finalized plan.

Long-term outcomes for families three years post-investigation closure were not positive. Those involved in the FGC process were re-referred for a substantiated report of maltreatment at a significantly higher rate (60%) than those in traditional cases (40%). Although 64% of all re-referrals were a result of neglect, re-referrals for abuse were

significantly more likely in the FGC group than in the comparison group. The authors discussed three possible factors that might be linked to the ineffectiveness of the FGC process. First, only half of the services identified in the accepted plans were reportedly received by families. A second possibility is that the services received were not of sufficient quality or frequency to meet families' needs. Finally, a significantly greater proportion of families participating in FGC had been investigated on previous occasions for reported child maltreatment which the authors cite as a predictor of maltreatment recurrence.

Integrated case management, team decision making, and family group conferencing are examples of efforts to engage and empower parents during their involvement with the child welfare system. Challenges to successfully empowering parents through these practices included inconvenient meeting times and locations, decisions made outside the presence of parents, lack of case worker follow through on meeting decisions, professionals not expressing their true concerns during meetings and a lack of confidence in parent capacity, and the time consuming nature of meeting preparation, coordination, and scheduling. Benefits included parents learning new skills in problem solving and decision making; parents feeling supported, valued, hopeful and hence empowered; a greater appreciation of parent capacity by case workers; increased creative thinking among team members; and improved relationships between parents and case workers. Some findings suggested that collaborative meetings with families contributed to positive outcomes for children such as more children returning to live with their parents and placements remaining stable over time. However, there were also

negative findings where children were more likely to be placed in foster care and be referred for substantiated re-maltreatment.

These findings highlight the complexity of empowering families involved in the child welfare system and emphasize the challenges in creating change among parents and professionals. Although families may be empowered at the outset of a case by involving them in a respectful and collaborative process to establish goals and plans, an empowerment approach necessitates ongoing efforts where appropriate opportunities and resources are identified and provided in order to build parents' capacity at maintaining a safe and permanent family environment.

Social Casework Theory

Helen Harris Perlman (1957) defined social casework as a process directed toward helping people "cope more effectively with their problems in social functioning" (p. 4) through "a series of problem-solving operations carried on within a meaningful relationship" (p. 5). Lilian Ripple (1955) conducted a series of studies aimed at furthering the understanding and development of a specific theoretical proposition in social casework theory, that is, a client's use of casework service is determined by three variables: motivation, capacity, and opportunity.

Motivation refers to the client's goals and objectives (what the client wants to achieve and what he wants from the service agency) and the degree of pressure he feels toward attaining these goals (how much he wants it). The element of capacity consists of the client's problem-solving abilities (the client's ability to recognize the facts of the problem and perceive cause and effect connections) and the client's feelings toward and the relationship with the worker. The opportunities afforded the client through his

environment (economic and physical conditions and the roles played by other individuals in his life) and the service agency (the worker's perception of the client and the relationship of the worker toward the client) also impact the client's use of social casework services. Findings from quantitative and qualitative studies illustrating the applicability of these domains within the child protection arena are synthesized below.

Quantitative studies. Only two studies utilizing quantitative instruments to measure parent engagement in child welfare services were found in the literature. In the first, Yatchmenoff (2005) developed a 19-item instrument with a framework similar to that in social casework theory, though with four dimensions: buy-in, receptivity, mistrust, and working relationship. Buy-in or a parent's perceived benefit of services and commitment to the case process can be equated to motivation. A parent's receptivity to help as measured by the degree to which the parent recognizes issues and the need for assistance, and mistrust felt by the parent toward the worker or child protection system are parallel to capacity. The working relationship between the parent and the worker as measured by the amount of agreement between the worker and himself and how much they get along with one another can be associated with both capacity and opportunity. Though findings indicate that most parents were cognizant of the problems associated with the maltreatment investigation and their need for assistance, this receptivity was only moderately correlated to working relationship and mistrust (Yatchmenoff, 2005). This suggests that other factors were influencing parent perceptions of case workers and the child welfare system itself, emphasizing the complexity of engagement. Each of the 19 items on the measure requires parents to rate their level of agreement from strongly agree to strongly disagree. Scores are calculated for each of the four domains; alpha

values for each ranged from .81 to .91. Overall, the instrument had a high degree of internal consistency ($\alpha = .91$). Yatchmenoff (2005) reported establishing construct validity of the instrument through moderate to high correlations between the scores on her engagement tool and those of similar constructs such as a global question of engagement and scales related to the helping relationship and personal support.

In the second study, Alpert and Britner (2009) developed a quantitative instrument that includes 22 items that span two dimensions: 1) parents' perceptions of case worker use of family-centered practices such as "My case workers focus on my strengths" and "My case workers connect me with the services I need" (opportunity) and 2) parents' responses to case worker behavior such as "I feel respected as a parent by my case workers" and "I trust my case workers" (capacity). Respondents rate their levels of agreement with items ranging from strongly agree to strongly disagree yielding a single engagement score. This measure was also shown to have a high degree of internal consistency ($\alpha = .94$).

In comparison, the former instrument may have more utility in quantifying parent engagement and therefore may be more advantageous to case workers. While Alpert and Britner's (2009) instrument provides an overall score, Yatchmenoff's offers additional insight by assessing engagement domains individually, creating the opportunity for case workers to improve certain aspects of their work with parents. However, neither tool addresses case worker perceptions of the parent and the worker/parent relationship through the worker's eyes – an important area of focus if case workers are to enhance their engagement skills.

Qualitative studies. In comparison to the dearth of quantitative studies in the literature, parent engagement has been examined primarily through qualitative methods. Not unexpectedly, almost all of the qualitative studies reviewed utilized small sample sizes and none of them focused on case outcomes. However, they yielded rich detail and insight into the experiences of parents related to engagement with the child welfare system as well as the perceptions and experiences of child welfare professionals in their efforts to engage parents.

Parent motivation. Several studies revealed parent attitudes and feelings about their cases and the system that were indicative of motivation. In a six-month, voluntary groupwork setting for parents with children in foster care in New York, parents who had not fulfilled their case requirements for reunification with their children entered into a discourse on their discontentment with their situations and the child welfare system (Levin, 1992). This process purportedly led to a greater sense of control and self-determination among parents as they moved through their anger and resistance to involvement and into a more productive frame of mind with the ability to establish individual goals to proceed with their case. In another study, 16 parents and 20 child welfare professionals from one child welfare agency in New York were interviewed to obtain their perspectives on the process of engaging parents in the child welfare system. Participants agreed that maintaining a sense of motivation and hopefulness throughout the case facilitated ongoing and collaborative progress (Altman, 2007). However, interviews with 25 parents in a rural area of the United Kingdom revealed that some parents reported ‘voluntarily’ complying with case worker requests because of the threat of having their children removed from their care – a negative motivation (Dale, 2004).

Parent capacity. Parents and child welfare professionals in one study agreed that if engagement was to occur, then parents must possess some degree of recognition, understanding, and responsibility for their case situations, as well as participate in setting clear goals (Altman, 2007). Other parents were able to take responsibility for their circumstances and understand the reality of their situations as a result of their work in a group setting (Levin, 1992). In addition, they realized an increased capacity to recognize their individual strengths and identify ways in which these could be utilized to improve their lives and family situations. Information obtained from 79 families in England via interviews and questionnaires indicated that family members who denied their responsibility for the alleged maltreatment were less likely to be involved in case planning and services (Thoburn, Lewis, & Shemmings, 2001).

The power imbalance between a parent and worker was discussed in several studies. Interviews with 18 parents in Ontario and British Columbia revealed that a parent's perception of how a case worker uses power can shape the parent's response to intervention, either resulting in a parent challenging and opposing the case worker, playing the game by just going through the motions to cooperate, or working with the case worker in a collaborative manner (Dumbrill, 2006). Not surprisingly, parents who felt that case workers were using their power against them tended to fight or play the game, while those sharing a collaborative relationship with their case worker tended to work with them. Given the power difference, it was suggested that a worker's first line of inquiry should be about the parent's perceptions of agency/system power, even before beginning discussions about a parent's understanding of the issues that prompted the initial investigation. Other parents indicated feeling that workers were inappropriately

wielding power over them by threatening to remove their children if they did not comply with worker requests (Dale, 2004). In addition, Diorio (1992) found that each of the 13 Ohio parents interviewed in his study believed that the social service agency and case workers had unlimited power to decide what tasks parents were required to fulfill before returning children to their custody and care.

Other factors found to foster better working relationships between parents and child welfare professionals included approaches that facilitated understanding and appreciation between the two groups (Hubberstey, 2001), positive therapeutic relationships, and inclusion of family member input in decisions about service type and social worker assignment (Thoburn, Lewis, & Shemmings, 1995).

Parent opportunity. Workers' use of honest and respectful communication with parents, an understanding and respect of parents' cultural values and issues, and diligent and timely work to assist families were identified by parents and child welfare workers as necessary to the engagement process (Altman, 2007). Hubberstey (2001) found that when treated respectfully by professionals, parents reported an increased willingness to forge ahead in their case process even when faced with challenges, and that a professional's skillful focus on the child's well-being can improve parents' abilities to work together for the benefit of the child and family. Findings from interviews conducted with 61 parents in Ontario also suggest that if case workers approach parents in a more collaborative manner with the goal of partnership in mind, parents may be more open to establishing a helping relationship which can lead to better outcomes (Palmer, Maiter, & Manji, 2005). Other positive worker characteristics that enhanced engagement as reported by parents included supportiveness, active listening, calmness, honesty, being down-to-earth and

non-judgmental (Dale, 2004), and receiving emotional support, explanations of the child protective process, choice in service delivery methods, and appropriate referrals for services such as child care, counseling/education, and assessments (Palmer et al., 2005).

Although parents in one study (Dale, 2004) expressed appreciation that the police were “courteous, open-minded, and fair” (p.144), some reported that social service workers were over-reactive and treated them unfairly with case plans not being in line with the circumstances, in addition to discussing experiences with practitioners not returning phone calls or having “arrogant, snotty, and bossy” (p. 151) attitudes. Other negative experiences reported by parents included lack of communication or follow through by responsible parties and decisions being made outside family meetings or without parental consultation that directly affected their case (Alpert, 2005; Hubberstey, 2001). These issues resulted in parents feeling frustrated and dissatisfied which affected the parent’s relationship with the worker. Parents also mentioned not receiving adequate information about the agency and the child protection process, encountering challenges in contacting their case workers, and feeling unfairly judged by them (Palmer et al., 2005). Many parents complained of case workers not respecting their rights to participate in decisions that affected their children and families (Diorio, 1992). Some expressed frustration about not receiving any contact from the social services system after their child had been placed on the list of at-risk children, although they were aware of staff shortages or social workers having heavy caseloads (Dale, 2004).

The roles played by other individuals in the lives of parents also appeared to be a positive factor in engagement. Specifically, a collective helping relationship was developed among parents in a group setting as they encouraged each other to take the

necessary steps to regain custody of the children, which in turn strengthened each individual's ability to help themselves (Levin, 1992).

The structure of certain services can impact parent engagement as well. Hubberstey (2001) found that the multi-disciplinary composition of case management teams appeared to leave parents feeling fully included, supported, valued, empowered, and hopeful because they had many people working with them, instead of feeling isolated and wholly responsible for their outcomes. However, parents also sometimes felt uncomfortable with too many professionals attending case conferences (Dale, 2004; Hubberstey, 2001) and inconvenient meeting times that interfered with parent work schedules (Hubberstey, 2001). These issues were addressed in a collaborative fashion however, as supportive advocates accompanied parents to meetings and more convenient times and locations were arranged. In addition, it was suggested that an agency's commitment to engaging families can impact their workers' approach and dedication which then contributes to family response (Thoburn et al., 1995).

The provision of concrete services to families (i.e., financial assistance, housing, food), especially those dealing with poverty, can reasonably be expected to facilitate a positive attitude among parents as a step toward achieving successful outcomes (Palmer et al., 2005). Parents noted the helpfulness of resources provided during their child welfare system involvement such as counseling, parenting classes, respite care, attention for complex needs of children (Dale, 2004), and new skills learned in managing anger, problem solving, and decision making (Hubberstey, 2001). However, the unavailability of needed services and insufficient help for children with special needs were noted as impeding positive family outcomes (Palmer et al., 2005).

The literature is quite descriptive of the perceptions of parents and professionals regarding the process of engaging parents in child welfare services and provides theoretical support for studying such efforts in dynamic systems theory, empowerment theory, and social casework theory. For example, the DCF quality of practice standards that were examined in the current study align with the constructs in systems theory, the overarching theory being applied in this study. The construct of goal direction is reflected in case worker efforts to involve parents in case planning. Input is reflected in case worker efforts to involve parents in decisions impacting the child and efforts to remove barriers to parent participation in services. Throughput is achieved if parents attain and translate new knowledge and skills into a better functioning and more stable family environment. The resulting output should consist of parents meeting case plan goals, shorter lengths-of-stay for children in out-of-home care, and a reduction in the rate of children reentering out-of-home care.

Literature on strategies such as integrated case management, team decision making, and family group conferencing illuminates the challenges and benefits of utilizing collaborative approaches to empower parents in building upon their strengths and capacities to create positive changes in their lives and in the lives of their children. The literature further illustrates the applicability of parent motivation, capacity, and opportunity in working with parents in the child welfare system to maximize their experience and achieve positive outcomes.

However, what is generally lacking in the literature is an examination of efforts to engage parents as they are related to child welfare case outcomes. This is an important next step in child welfare research given that, in most cases, parents are the perpetrators

of maltreatment and the majority of children are reunified with their parents after being placed in out-of-home settings. Although there has been an increased emphasis on parent engagement within the child protection arena, there is little study of its relationship to case outcomes. This study was designed to address this gap in the literature by utilizing case management quality assurance data collected by the Florida DCF to examine how case worker efforts to engage parents were related to case outcomes such as length of stay in out-of-home care and reentry into out-of-home care.

CHAPTER 3:

METHODS

Study Design

This study consisted of a longitudinal analysis of administrative data based on a cohort of children served by Florida's child welfare system in out-of-home care whose cases were randomly selected and included for review as part of the Florida FY09-10 child welfare quality assurance program. Cases were followed for at least 12 months to determine length of stay and reentry outcomes or until the end of the study period (October 1, 2011) which was determined by the availability of required data at the time the study was conducted.

Procedures

Cases included in the administrative data analysis for this study were selected from the FY09-10 quality assurance (QA) data that were regularly and systematically collected by the Florida Department of Children and Families (DCF) as part of their Regional Quality Management System implemented in July 2008. For FY09-10, there were 1,774 cases statewide in the quality assurance program review dataset. Because the selection of sample cases for this study required that children be served in out-of-home care as explained below and as defined by the dependent (outcome) variables (described below), only cases with removal and discharge dates (data applicable only to out-of-home cases) in the state's Statewide Automated Child Welfare Information System (known as

the Florida Safe Families Network [FSFN]) that allowed for such analysis were included in the sample. Cases were not excluded based on the child's gender, age, race, or ethnicity, with one exception. When children reach the age of 18 in Florida, they are considered to be adults and can no longer be removed from their parents' care and placed into out-of-home care. Therefore, cases where the child was at least 18 years of age as of the date they were discharged from out-of-home care were excluded from the reentry analyses.

Two sets of quality of practice standards were developed by DCF on which the FY09-10 reviews were based: one was applicable to child protective investigations and the other was applicable to case management. The data resulting from the reviews based on the case management standards were utilized for this study. Case management standards align with the Federal Child and Family Services Reviews (CFSR) criteria established by the U.S. Department of Health and Human Services Children's Bureau to assist states in improving child welfare services to ensure safety, permanency, and child and family well-being (Florida DCF, 2009b, USDHHS, 2012b). A standard was considered to be met if the reviewers assigned a "yes" response and not met if a "no" response was assigned. Ratings were assigned based on a review of the child's relevant history in the child welfare system and any relevant case documentation.

According to the QA review guidelines (Florida DCF, 2009a), a staff member in the DCF Family Safety Program Office assembled a list of all cases eligible for review. Twenty-five cases stratified on six permanency goals were randomly selected from each of the 20 state's child welfare community-based care lead agencies serving the state during FY09-10. The QA Manager at each lead agency selected 17 cases for an internal

review by lead agency QA staff (base reviews) and the Regional QA Manager selected eight cases for joint reviews by lead agency and DCF regional office staff (side-by-side reviews). For the side-by-side reviews, ratings of standards were decided jointly by the lead agency QA staff reviewer and the regional office reviewer. Appendix A provides additional details on how rating decisions were made for base reviews and side-by-side reviews (Florida DCF 2009a). Prior to conducting any quality assurance reviews and in an effort to ensure reliability and validity of the data generated from the reviews, staff directly participating in the review process were certified by DCF by completing specialized training and passing a competency assessment within six months prior to being assigned a quality assurance position.

For each quarterly review, cases were eligible if the child was receiving in-home or out-of-home care services (or any continuous combination thereof) for at least one day during the 3-month period immediately preceding the sample date (30 days prior to the beginning of each quarter under review) and received services for at least 6 months as of the sample date or service end date. Although parent engagement is crucial to in-home as well as out-of-home cases, this study focused on out-of-home cases as the outcomes examined (i.e. length of stay in out-of-home care and reentry into out-of-home care) were only applicable to out-of-home cases. An out-of-home case is one in which the child is removed from the home and placed outside the custody of the parent. According to the QA review guidelines (Florida DCF, 2009a) children could only be included in the review once in a quarter and could not be included in the review if included in any of the prior quarterly reviews within a fiscal year. Siblings of children in cases already randomly selected were ineligible for review in the current or prior three quarters.

Additional exclusion criteria for quarterly QA reviews consisted of cases open only for continued adoption subsidy payments, cases where the child was placed in a locked juvenile justice or commitment facility for the entire review period, and cases from other states where the child was placed in Florida through an Interstate Compact agreement.

Each child entering Florida's child welfare system is assigned a unique identifying number in the state's Statewide Automated Child Welfare Information System (known as the Florida Safe Families Network [FSFN]), which allows tracking of each child's child welfare system contacts. This identifier was present in the quality assurance data obtained from DCF and was utilized to extract child demographic and case outcome data from FSFN data. The sampling process for this study resulted in two datasets for analysis; one to examine length of stay in out-of-home care that included 1,329 cases and one to examine reentry into out-of-home care that included 1,110 cases. The difference in the number of cases in each dataset reflects the data requirements for measuring each outcome. Cases included in the length of stay analysis required a valid removal date and cases included in the reentry analysis required a valid discharge date. Cases without these dates in the FSFN data were excluded from the datasets. In addition, cases where the child was 18 years of age or older at discharge were excluded from the reentry dataset since their legal age precluded them from reentering out-of-home care.

Approval for this study was obtained from the University of South Florida Institutional Review Board (Appendix B) and the Florida Department of Children and Families. In accordance with these approvals, there were no identifying data in the final datasets utilized for analyses.

Missing and Recoded Data

After extracting data from the FSFN dataset, it was discovered that there was a moderate percentage of cases (15.2% for the length of stay dataset and 14.6% for the reentry dataset) where there were either missing data for child race/ethnicity or there were multiple race/ethnicities recorded. There were four cases in each of the length of stay and reentry datasets that were missing values for race/ethnicity. These were assigned values to distribute the cases evenly between the four race/ethnicity categories utilized in the study (i.e., one case each to Caucasian, African American, Hispanic, and Other). For cases that had multiple race/ethnicities recorded in the FSFN data, the following procedures were applied in the order listed to assign one race/ethnicity category to each case:

- First, if African American and any other category, then recoded to African American.
- Second, if Hispanic and any other category but not African American, then recoded to Hispanic.
- Third, if Other but not African American or Hispanic, then recoded to Other.

This strategy mirrors the recoding procedures utilized by researchers at the Louis de la Parte Florida Mental Health Institute, University of South Florida for more than a decade of studies conducted for the Florida Department of Child and Families that examined child welfare outcomes statewide (S. Yampolskaya, personal communication, August 31, 2012). A similar strategy was also utilized by Lu and colleagues (2004) in their examination of the relationship between race/ethnicity and children's placement into out-of-home care and children's reunification with their original caretaker. The recoding of

race/ethnicity data resulted in a distribution of cases among race/ethnicity categories that more closely resembled that which was reported by the state to USDHHS for federal-level analysis and reporting of child welfare statistics (USDHHS, 2010).

Data Sources

All data utilized for this study were obtained from the Florida Department of Children and Families. This included quality assurance review data, demographic data, and case outcome data. Demographic and case outcome data for each child that was the subject of a case included in the study sample were extracted from FSFN.

Measures

Dependent variables: Case outcomes. Two dependent variables related to case outcomes were examined:

1. The length of stay (LOS) outcome examined whether or not the child was discharged from out-of-home care within 12 months of entering out-of-home care. Length of stay was reported in months and was defined as the time period between the date the child was placed into out-of-home care (as indicated by the “removal date” in FSFN) and the date the child was discharged from out-of-home care (as indicated by the “discharge date” in FSFN).
2. The reentry care outcome was reported in months and was defined as the placement of a child into out-of-home care (as indicated by the “removal date” in FSFN) within 12 months after the child’s most recent discharge from out-of-home care (as indicated by the “discharge date” in FSFN) and reunified with the family from which they were removed.

These outcome measures are consistent with state and federal child welfare outcome measures (Florida DCF, 2006; USDHHS, 2010) and with requirements established in the Adoption and Safe Families Act (1997).

Independent (predictor) variables: Child demographic characteristics and case management quality of practice standards related to parent engagement. Child demographic characteristics were included as predictor variables. These consisted of gender, age, and race/ethnicity (Caucasian, African American, Hispanic, Other). Gender was a dichotomous, categorical variable and dummy coded with numerical values prior to analysis (male=1, female=0). Age was a continuous variable reported in years. For the length of stay analysis, age was calculated as of the date the child was placed into out-of-home care (as indicated by the “removal date” in FSFN) for the child’s out-of-home episode utilized for study analysis. For the reentry analysis, age was calculated as of the date the child was discharged from out-of-home care (as indicated by the “discharge date” in FSFN) for the child’s out-of-home episode utilized for study analysis. Race/ethnicity was represented by individual dichotomous, categorical variables each dummy coded as yes=1, no=0.

There were six predictor variables derived from the case management quality of practice standards related to family engagement that were included in the study analysis:

1. Case worker concerted efforts to actively involve the mother in case planning,
2. Case worker concerted efforts to actively involve the father in case planning,

3. Case worker concerted efforts to encourage and support the mother to participate in decisions impacting the child,
4. Case worker concerted efforts to encourage and support the father to participate in decisions impacting the child,
5. Case worker concerted efforts to support the mother's engagement in services, and
6. Case worker concerted efforts to support the father's engagement in services.

Concerted efforts to actively involve the mother in case planning. Although the case management standard referred to family involvement, separate ratings were assigned by the reviewer for the mother and father of each case. Therefore, two case planning variables were utilized in the study analysis and were described separately, one for the mother and one for the father. This standard examined whether or not the mother was the subject of concerted efforts to actively involve her in case planning. This was defined as a case worker making “reasonable efforts” to involve the mother in identifying needs and strengths, identifying services, establishing case plan goals, evaluating any progress she had made toward achieving case plan goals, and participating in the discussion of the case plan in case planning meetings (Florida DCF, 2009b, p. 70). The reviewer assigned a “yes” rating if, based on the review of all relevant case materials, there was documentation supporting these efforts and a “no” rating if not. A rating of “NA” (not applicable) was assigned in cases where the mother could not be located, was deceased, or if parental rights were terminated.

Concerted efforts to actively involve the father in case planning. This standard examined whether or not the father was the subject of concerted efforts to actively involve him in case planning. This was defined as a case worker making “reasonable efforts” to involve the father in identifying needs and strengths, identifying services, establishing case plan goals, evaluating any progress he had made toward achieving case plan goals, and participating in the discussion of the case plan in case planning meetings (Florida DCF, 2009b, p. 70). The reviewer assigned a “yes” rating if, based on the review of all relevant case materials, there was documentation supporting these efforts and a “no” rating if not. A rating of “NA” was assigned in cases where the father could not be located, was deceased, or if parental rights were terminated.

Concerted efforts to encourage and support the mother’s participation in decisions impacting the child. This standard examined whether or not the mother was the subject of concerted efforts to encourage and support her participation in various decisions and activities (other than visitation) regarding the child. This was defined as the case worker making “reasonable efforts” to encourage the mother to participate in activities such as: decisions impacting the child; case conferences; the child’s school, after school, or sports activities; and attendance at the child’s doctor’s appointments (Florida DCF, 2009b). The reviewer would also consider if opportunities were provided to the mother to support her participation in these activities such as: transportation assistance, mental health and substance abuse services, foster parent mentoring, and facilitating participation of a mother that is incarcerated or not living within proximity of the child (Florida DCF, 2009b). The reviewer assigned a “yes” rating, if based on the review of all relevant case materials, there is documentation supporting these efforts and

a “no” rating if not. A rating of “NA” was assigned if the mother could not be located, was deceased, if parental rights were terminated, or if contact with the mother was considered to be detrimental to the child.

Concerted efforts to encourage and support the father’s participation in decisions impacting the child. This standard examined whether or not the father was the subject of concerted efforts to encourage and support his participation in various decisions and activities (other than visitation) regarding the child. This was defined as the case worker making “reasonable efforts” to encourage the father to participate in activities such as: decisions impacting the child; case conferences; the child’s school, after school, or sports activities; and attendance at the child’s doctor’s appointments. (Florida DCF, 2009b). The reviewer would also consider if opportunities were provided to the father to support his participation in these activities such as: transportation assistance, mental health and substance abuse services, foster parent mentoring, and facilitating participation of a father that is incarcerated or not living within proximity of the child (Florida DCF, 2009b). The reviewer assigned a “yes” rating, if based on the review of all relevant case materials, there was documentation supporting these efforts and a “no” rating if not. A rating of “NA” was assigned if the father could not be located, was deceased, if parental rights were terminated, or if contact with the father was considered to be detrimental to the child.

Concerted efforts to support the mother’s engagement in services. This standard examined whether or not the mother was the subject of concerted efforts to address any identified barriers that may have impacted her engagement in services. These barriers included, but were not limited to, “ongoing resistance on the part of the parent,

transportation, wait lists, and cost” (Florida DCF, 2009b, p. 66). The reviewer assigned a “yes” rating if, based on the review of all relevant case materials, there was documentation supporting these efforts and a “no” rating if not. A rating of “NA” was assigned if the mother could not be located, was deceased, if parental rights were terminated, or if there were no service providers involved in the case.

Concerted efforts to support the father’s engagement in services. This standard examined whether or not the father was the subject of concerted efforts to address any identified barriers that may impact his engagement in services. These barriers included, but were not limited to, “ongoing resistance on the part of the parent, transportation, wait lists, and cost” (Florida DCF, 2009b, p. 68). The reviewer assigned a “yes” rating if, based on the review of all relevant case materials, there was documentation supporting these efforts and a “no” rating if not. A rating of “NA” was assigned if the father could not be located, was deceased, if parental rights were terminated, or if there were no service providers involved in the case.

As described above, the six quality of practice predictor variables had dichotomous values (“yes” or “no”). These were dummy coded with numerical values prior to analysis (yes=1, no=0). In instances where the quality assurance reviewer assigned an “NA” rating for quality of practice standards, these data were coded as missing and were excluded from the analysis.

Analytic Approach

To examine the associations between the independent (predictor) variables and the dependent variables (case outcomes), Cox regression analysis was utilized. Cox regression analysis is appropriate for studies where the dependent variables under

examination involve a measure of time to the occurrence of an “event” (Katz & Hauck, 1993). The events in this study were: 1) the child’s length of stay was such that the child was discharged from out-of-home care within 12 months of being placed into out-of-home care, and 2) the reentry of the child into out-of-home care within 12 months of the most recent discharge from out-of-home care and reunification with the family from which the child was removed. The dependent variables in this study were continuous and were reported in number of months.

Cox regression also is useful when some of the cases in the sample will not experience the event under examination (i.e., some children will not be discharged from out-of-home care within 12 months of being placed into out-of-home care and some will not reenter out-of-home care within 12 months of their most recent discharge from out-of-home care). Instead of excluding these cases from the analysis, Cox regression includes them as “censored observations” (i.e., cases that did not experience the event of interest), and will estimate the risk of the event occurring. In this study, the following cases were treated as censored observations: the child was not discharged within 12 months of being placed into out-of-home care and the child did not reenter out-of-home care within 12 months of the most recent discharge from out-of-home care.

Odds ratios were calculated to examine the likelihood of each outcome (length of stay and reentry into out-of-home care) per predictor (efforts to involve mother/father in case planning, efforts to encourage/support mother/father participation in decisions impacting the child, efforts to support mother/father engagement in services). Bivariate analyses were conducted to discover any significant associations between individual

predictor variables and case outcomes. Multivariate analyses included demographic variables and case management quality of practice standards as covariates.

CHAPTER 4:

RESULTS

The results of the study are presented in this chapter. Demographic characteristics of the children in the sample of study cases for each dataset (i.e., length of stay and reentry) are described first. Bivariate results are presented to address each of the hypotheses and multivariate results are presented to address each of the research questions described in Chapter 1. Results detail the associations between efforts to engage mothers and fathers in child welfare cases (case planning, decisions impacting the child, and services) and case outcomes (children's length-of-stay in and reentry into out-of-home care).

Sample Characteristics

Length of stay dataset. There were 1,329 cases included in the length of stay dataset. Fifty-one percent (51.5%) of the children in these cases were male. The average age was approximately 7 years ($M = 6.93$, $SD = 5.48$). Approximately half of the children (50.7%) were White, 38.9% were African American, 8.9% were Hispanic, and 1.4% were from other racial or ethnic groups (Table 4.1).

Reentry dataset. There were 1,110 cases included in the reentry dataset. Just over half (50.7%) of the children in these cases were male. The average age was approximately 9 years ($M = 8.66$, $SD = 5.82$). Approximately half of the children

(50.7%) were White, 38.4% were African American, 9.6% were Hispanic, and 1.3% were from other racial or ethnic groups (Table 4.1).

Table 4.1. Sample Characteristics

| Child Characteristics | Length of Stay N = 1,329 | | Reentry N = 1,110 | |
|-----------------------|-----------------------------|-------------|----------------------|-------------|
| | Frequency (n) | Percent (%) | Frequency (n) | Percent (%) |
| Gender: Male | 684 | 51.50 | 563 | 50.70 |
| Female | 645 | 48.50 | 547 | 49.30 |
| Race/Ethnicity | | | | |
| White | 674 | 50.72 | 563 | 50.72 |
| African American | 517 | 38.90 | 426 | 38.38 |
| Hispanic | 119 | 8.95 | 107 | 9.64 |
| Other | 19 | 1.43 | 14 | 1.26 |
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Age | 6.93 | 5.47 | 8.66 | 5.82 |

Demographic Variables – Bivariate Findings for Length of Stay and Reentry

Bivariate analyses revealed significant associations between two demographic variables and case outcomes. Hispanic children were 82% less likely to be discharged from out-of-home care within 12 months of entry (Table 4.2). Younger children were more likely to reenter out-of-home care. Specifically, for every year of younger age, there was a 9% increased likelihood that a child would reenter out-of-home care within 12 months of their most recent discharge from out-of-home care (Table 4.3). No other significant associations were found between demographic variables and length of stay or reentry into out-of-home care.

Hypothesis #1 – Bivariate Findings

The presence of documented efforts by the case worker to actively involve a mother in case planning will be associated with shorter lengths of stay and a reduction in

the rate of reentry into out-of-home care. This hypothesis was partially supported by the study findings. Efforts to involve mothers in case planning were significantly associated with the child's length of stay (Table 4.2). Specifically, when such efforts were made, children were 35% more likely to be discharged from out-of-home care within 12 months of entry. No significant association was found between involving mothers in case planning and a child's reentry into out-of-home care within 12 months of discharge (Table 4.3).

Hypothesis #2 – Bivariate Findings

The presence of documented efforts by the case worker to actively involve a father in case planning will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care. This hypothesis was partially supported by the study findings. Efforts to involve fathers in case planning were significantly associated with the child's length of stay (Table 4.2). Specifically, when such efforts were made, children were 50% more likely to be discharged from out-of-home care within 12 months of entry. No significant association was found between involving fathers in case planning and a child's reentry into out-of-home care within 12 months of discharge (Table 4.3).

Hypothesis #3 – Bivariate Findings

The presence of documented efforts by the case worker to encourage and support a mother's participation in decisions impacting her child will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care. This hypothesis was not supported by the study findings. No significant associations were found between efforts to encourage and support a mother's participation in decisions

impacting the child and the child's length of stay (Table 4.2) or reentry into out-of-home care within 12 months of discharge (Table 4.3).

Hypothesis #4 – Bivariate Findings

The presence of documented efforts by the case worker to encourage and support a father's participation in decisions impacting his child will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care. This hypothesis was partially supported by the study findings. Efforts to encourage and support a father's participation in decisions impacting the child were significantly associated with the child's length of stay (Table 4.2). Specifically, when such efforts were made, children were 48% more likely to be discharged from out-of-home care within 12 months of entry. No significant association was found between encouraging and supporting a father's participation in decisions impacting the child and a child's reentry into out-of-home care within 12 months of discharge (Table 4.3).

Hypothesis #5 – Bivariate Findings

The presence of documented efforts by the case worker to support a mother's engagement in services will be associated with shorter lengths of stay and a reduction in the rate of reentry into out-of-home care. This hypothesis was not supported by the study findings. No significant associations were found between efforts to support a mother's engagement in services and the child's length of stay (Table 4.2) or reentry into out-of-home care within 12 months of discharge (Table 4.3).

Hypothesis #6 – Bivariate Findings

The presence of documented efforts by the case worker to support a father's engagement in services will be associated with shorter lengths of stay and a reduction in

the rate of reentry into out-of-home care. This hypothesis was not supported by the study findings. No significant associations were found between efforts to support a father's engagement in services and the child's length of stay (Table 4.2) or reentry into out-of-home care within 12 months of discharge (Table 4.3).

Table 4.2. *Factors Associated with Length of Stay – Discharged within 12 Months of Entry into Out-of-Home Care (N = 1,329) – Bivariate Associations*

| Predictors | B | Wald $\chi^2(1)$ | OR | 95% CI | |
|---|------|---------------------|------|--------|------|
| | | | | LL | UL |
| Gender | .06 | .19 | 1.06 | .82 | 1.36 |
| Age | -.02 | 3.25 | .98 | .96 | 1.00 |
| African American | -.23 | 2.81 | .79 | .61 | 1.04 |
| Hispanic | -.60 | 4.54* | .55 | .32 | .95 |
| Other race/ethnicity | .03 | .00 | 1.03 | .38 | 2.78 |
| Efforts to involve mother in case planning | .30 | 3.93* | 1.35 | 1.00 | 1.82 |
| Efforts to encourage mother to participate in decisions impacting the child | .24 | 2.77 | 1.27 | .96 | 1.69 |
| Efforts to support mother's engagement with services | .19 | 1.44 | 1.21 | .89 | 1.64 |
| Efforts to involve father in case planning | .41 | 7.19** | 1.50 | 1.12 | 2.02 |
| Efforts to encourage father to participate in decisions impacting the child | .39 | 6.26* | 1.48 | 1.09 | 2.02 |
| Efforts to support father's engagement with services | .31 | 3.12 | 1.36 | .97 | 1.93 |

Note. * $p < .05$, ** $p < .01$

OR = odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.3. *Factors Associated with Reentry into Out-of-Home Care within 12 Months of Most Recent Discharge (N = 1,039) – Bivariate Associations*

| Predictors | B | Wald $\chi^2(1)$ | OR | 95% CI | |
|---|--------|---------------------|------|--------|------|
| | | | | LL | UL |
| Gender | -.14 | .12 | .87 | .40 | 1.91 |
| Age | -.09 | 4.44* | .92 | .84 | .99 |
| African American | .04 | .01 | 1.04 | .45 | 2.36 |
| Hispanic | -.17 | .05 | .84 | .19 | 3.73 |
| Other race/ethnicity | -11.03 | .00 | .00 | .00 | .00 |
| Efforts to involve mother in case planning | .10 | .05 | 1.10 | .45 | 2.68 |
| Efforts to encourage mother to participate in decisions impacting the child | .18 | .16 | 1.19 | .50 | 2.83 |
| Efforts to support mother's engagement with services | .31 | .37 | 1.36 | .50 | 3.70 |
| Efforts to involve father in case planning | .34 | .42 | 1.40 | .51 | 3.85 |
| Efforts to encourage father to participate in decisions impacting the child | .32 | .39 | 1.38 | .50 | 3.80 |
| Efforts to support father's engagement with services | .12 | .05 | 1.13 | .37 | 3.46 |

Note. * $p < .05$, ** $p < .01$

OR = odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit.

Caucasian (race/ethnicity) was used as a reference category.

Research Question #1 – Multivariate Findings

Which documented case worker efforts of parent engagement best predict shorter lengths of stay in out-of-home care? The multivariate regression models to answer this research question were developed by entering the five demographic variables representing gender, age, and race/ethnicity into the model followed by each of the quality of practice predictors (efforts to engage mothers or fathers in case planning, decisions impacting the child, and services) one at a time until all three predictors for efforts to engage mothers were entered in one model and all three predictors for efforts to

engage fathers (plus the demographic variables) were entered in a second model. Neither of these two models revealed any significant predictor variables. Further examination of the relationships between the quality of practice predictors revealed significant and moderate correlations between them (Table 4.4). Therefore, each quality of practice predictor was examined one at a time while controlling for child demographic characteristics which resulted in three models for mother engagement and three models for father engagement.

Table 4.4. *Correlational Analysis with Quality of Practice Predictor Variables for Length of Stay*

| Quality of Practice Predictor Variable Pairs | Mother | | Father | |
|---|--------------------|----------|--------------------|----------|
| | <i>Pearson's r</i> | <i>p</i> | <i>Pearson's r</i> | <i>p</i> |
| Case planning and Decisions impacting the child | .36 | .00** | .52 | .00** |
| Case planning and Services | .51 | .00** | .60 | .00** |
| Decisions impacting the child and Services | .42 | .00** | .55 | .00** |

Note. * $p < .05$, ** $p < .01$

When multivariate models were examined for efforts to engage mothers in case planning (Table 4.5), decisions impacting the child (Table 4.6), and services (Table 4.7), no significant predictors were found for length of stay in out-of-home care. However, efforts to engage mothers in case planning surfaced as approaching the level of significance ($p = .07$) as a predictor of length of stay.

When multivariate models were examined for efforts to engage fathers, two predictors emerged. Efforts to engage fathers in case planning (Table 4.8) and efforts to engage fathers in decisions impacting the child (Table 4.9) were significant predictors of length of stay. Specifically, in cases where efforts were made to engage fathers in case planning, children were 47% more likely to be discharged from out-of-home care within

12 months of entry. In cases where efforts were made to engage fathers in decisions impacting the child, children were 45% more likely to be discharged from out-of-home care within 12 months of entry. However, efforts to engage fathers in services (Table 4.10) was not found as a significant predictor of length of stay.

Table 4.5. *Factors Associated with Length of Stay – Discharged within 12 Months of Entry into Out-of-Home Care (N = 905) – Multivariate Model – Mother Case Planning*

| Predictors | Cox Regression Model Parameters | | | | |
|--|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | .08 | .37 | 1.09 | .83 | 1.42 |
| Age | -.02 | 2.88 | .98 | .95 | 1.00 |
| African American | -.07 | .22 | .93 | .70 | 1.24 |
| Hispanic | -.43 | 2.26 | .65 | .38 | 1.14 |
| Other race/ethnicity | .09 | .03 | 1.09 | .40 | 2.96 |
| Efforts to involve mother in case planning | .28 | 3.35 | 1.32 | .98 | 1.78 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.6. *Factors Associated with Length of Stay – Discharged within 12 Months of Entry into Out-of-Home Care (N = 861) – Multivariate Model – Mother Decisions Impacting the Child*

| Predictors | Cox Regression Model Parameters | | | | |
|---|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | .14 | .95 | 1.15 | .87 | 1.53 |
| Age | -.02 | 2.25 | .98 | .95 | 1.01 |
| African American | -.07 | .18 | .94 | .69 | 1.27 |
| Hispanic | -.27 | .89 | .35 | .44 | 1.34 |
| Other race/ethnicity | .34 | .45 | 1.41 | .52 | 3.82 |
| Efforts to encourage mother to participate in decisions impacting the child | .23 | 2.44 | 1.26 | .94 | 1.67 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.7. *Factors Associated with Length of Stay – Discharged within 12 Months of Entry into Out-of-Home Care (N = 858) – Multivariate Model – Mother Services*

| Predictors | Cox Regression Model Parameters | | | | |
|--|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | .16 | 1.25 | 1.17 | .89 | 1.54 |
| Age | -.02 | 1.52 | .98 | .96 | 1.01 |
| African American | -.12 | .62 | .89 | .67 | 1.19 |
| Hispanic | -.43 | 2.25 | .65 | .37 | 1.14 |
| Other race/ethnicity | -.02 | .00 | .98 | .36 | 2.67 |
| Efforts to support mother's engagement with services | .17 | 1.20 | 1.19 | .87 | 1.62 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.8. *Factors Associated with Length of Stay – Discharged within 12 Months of Entry into Out-of-Home Care (N = 679) – Multivariate Model – Father Case Planning*

| Predictors | Cox Regression Model Parameters | | | | |
|--|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | .05 | .12 | 1.05 | .78 | 1.42 |
| Age | -.01 | .94 | .99 | .96 | 1.01 |
| African American | -.07 | .19 | .93 | .68 | 1.29 |
| Hispanic | -.39 | 1.51 | .68 | .36 | 1.26 |
| Other race/ethnicity | .30 | .35 | 1.35 | .50 | 3.69 |
| Efforts to involve father in case planning | .38 | 6.23* | 1.47 | 1.09 | 1.98 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.9. *Factors Associated with Length of Stay – Discharged within 12 Months of Entry into Out-of-Home Care (N = 616) – Multivariate Model – Father Decisions Impacting the Child*

| Predictors | Cox Regression Model Parameters | | | | |
|---|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | .17 | 1.16 | 1.19 | .87 | 1.62 |
| Age | -.00 | .05 | 1.00 | .97 | 1.03 |
| African American | -.08 | .22 | .92 | .66 | 1.29 |
| Hispanic | -.32 | .88 | .73 | .38 | 1.41 |
| Other race/ethnicity | .33 | .42 | 1.39 | .51 | 3.81 |
| Efforts to encourage father to participate in decisions impacting the child | .37 | 5.57* | 1.45 | 1.07 | 1.98 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.10. *Factors Associated with Length of Stay – Discharged within 12 Months of Entry into Out-of-Home Care (N = 548) – Multivariate Model – Father Services*

| Predictors | Cox Regression Model Parameters | | | | |
|--|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | .17 | .92 | 1.18 | .84 | 1.67 |
| Age | -.00 | .04 | 1.00 | .97 | 1.03 |
| African American | -.14 | .50 | .87 | .60 | 1.27 |
| Hispanic | -.18 | .28 | .83 | .43 | 1.62 |
| Other race/ethnicity | .41 | .62 | 1.50 | .55 | 4.12 |
| Efforts to support father's engagement with services | .30 | 2.83 | 1.35 | .95 | 1.91 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Research Question #2 – Multivariate Findings

Which documented case worker efforts of parent engagement best predict a reduction in rate of reentry into out-of-home care? The multivariate regression models to

answer this research question were developed by entering the five demographic variables representing gender, age, and race/ethnicity into the model followed by each of the quality of practice predictors (efforts to engage mothers or fathers in case planning, decisions impacting the child, and services) one at a time until all three predictors for efforts to engage mothers were entered in one model and all three predictors for efforts to engage fathers (plus the demographic variables) were entered in a second model. Neither of these two models revealed any significant predictor variables. Further examination of the relationships between the quality of practice predictors revealed significant and moderate correlations between them (Table 4.11). Therefore, each quality of practice predictor was examined one at a time while controlling for child demographic characteristics which resulted in three models for mother engagement and three models for father engagement.

Table 4.11. *Correlational Analysis with Quality of Practice Predictor Variables for Reentry*

| Quality of Practice Predictor Variable Pairs | Mother | | Father | |
|---|--------------------|----------|--------------------|----------|
| | <i>Pearson's r</i> | <i>p</i> | <i>Pearson's r</i> | <i>p</i> |
| Case planning and Decisions impacting the child | .33 | .00** | .49 | .00** |
| Case planning and Services | .50 | .00** | .58 | .00** |
| Decisions impacting the child and Services | .39 | .00** | .53 | .00** |

Note. * $p < .05$, ** $p < .01$

When multivariate models were examined for efforts to engage mothers in case planning (Table 4.12), decisions impacting the child (Table 4.13), and services (Table 4.14); and fathers in case planning (Table 4.15), decision impacting the child (Table 4.16), and services (Table 4.17) no significant predictors were found for a child's reentry into out-of-home care within 12 months of the most recent discharge from out-of-home care.

Table 4.12. *Factors Associated with Reentry into Out-of-Home Care within 12 Months of Most Recent Discharge (N = 727) – Multivariate Model – Mother Case Planning*

| Predictors | Cox Regression Model Parameters | | | | |
|--|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | -.42 | .99 | .66 | .29 | 1.50 |
| Age | -.08 | 2.81 | .93 | .84 | 1.01 |
| African American | .20 | .20 | 1.22 | .51 | 2.91 |
| Hispanic | -.05 | .00 | .95 | .21 | 4.27 |
| Other race/ethnicity | -10.96 | .00 | .00 | .00 | .00 |
| Efforts to involve mother in case planning | .06 | .02 | 1.06 | .44 | 2.60 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.13. *Factors Associated with Reentry into Out-of-Home Care within 12 Months of Most Recent Discharge (N = 686) – Multivariate Model – Mother Decisions Impacting the Child*

| Predictors | Cox Regression Model Parameters | | | | |
|---|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | -.22 | .25 | .80 | .34 | 1.90 |
| Age | -.07 | 2.38 | .93 | .85 | 1.02 |
| African American | .38 | .66 | 1.46 | .59 | 3.60 |
| Hispanic | .13 | .03 | 1.14 | .25 | 5.22 |
| Other race/ethnicity | -10.90 | .00 | .00 | .00 | .00 |
| Efforts to encourage mother to participate in decisions impacting the child | .16 | .13 | 1.17 | .49 | 2.79 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.14. *Factors Associated with Reentry into Out-of-Home Care within 12 Months of Most Recent Discharge (N = 699) – Multivariate Model – Mother Services*

| Predictors | Cox Regression Model Parameters | | | | |
|--|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | -.47 | 1.18 | .62 | .27 | 1.46 |
| Age | -.06 | 1.75 | .94 | .85 | 1.03 |
| African American | .26 | .32 | 1.29 | .53 | 3.13 |
| Hispanic | -.05 | .00 | .96 | .21 | 4.34 |
| Other race/ethnicity | -10.93 | .00 | .00 | .00 | .00 |
| Efforts to support mother's engagement with services | .26 | .26 | 1.30 | .48 | 3.53 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.15. *Factors Associated with Reentry into Out-of-Home Care within 12 Months of Most Recent Discharge (N = 549) – Multivariate Model – Father Case Planning*

| Predictors | Cox Regression Model Parameters | | | | |
|--|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | .01 | .00 | 1.01 | .37 | 2.71 |
| Age | -.05 | .97 | .95 | .86 | 1.05 |
| African American | -.08 | .02 | .92 | .31 | 2.70 |
| Hispanic | -13.23 | .00 | .00 | .00 | .00 |
| Other race/ethnicity | -13.28 | .00 | .00 | .00 | .00 |
| Efforts to involve father in case planning | .31 | .36 | 1.37 | .49 | 3.80 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.16. *Factors Associated with Reentry into Out-of-Home Care within 12 Months of Most Recent Discharge (N = 503) – Multivariate Model – Father Decisions Impacting the Child*

| Predictors | Cox Regression Model Parameters | | | | |
|---|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | -.02 | .00 | .98 | .36 | 2.71 |
| Age | -.04 | .44 | .97 | .87 | 1.07 |
| African American | -.04 | .01 | .96 | .32 | 2.85 |
| Hispanic | -13.21 | .00 | .00 | .00 | .00 |
| Other race/ethnicity | -13.33 | .00 | .00 | .00 | .00 |
| Efforts to encourage father to participate in decisions impacting the child | .34 | .44 | 1.41 | .51 | 3.90 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

Table 4.17. *Factors Associated with Reentry into Out-of-Home Care within 12 Months of Most Recent Discharge (N = 452) – Multivariate Model – Father Services*

| Predictors | Cox Regression Model Parameters | | | | |
|--|---------------------------------|---------------------|------|--------|------|
| | B | Wald $\chi^2(1)$ | OR | 95% CI | |
| | | | | LL | UL |
| Gender | -.01 | .00 | .99 | .33 | 2.97 |
| Age | -.04 | .41 | .96 | .86 | 1.08 |
| African American | .29 | .26 | 1.34 | .43 | 4.17 |
| Hispanic | -13.11 | .00 | .00 | .00 | .00 |
| Other race/ethnicity | -13.07 | .00 | .00 | .00 | .00 |
| Efforts to support father's engagement with services | .12 | .05 | 1.13 | .37 | 3.49 |

Note. * $p < .05$, ** $p < .01$

OR = adjusted odds ratio; CI = confidence interval; LL = lower limit, UL = upper limit. Caucasian (race/ethnicity) was used as a reference category.

CHAPTER 5:

DISCUSSION

The purpose of this study was to examine the relationship between efforts to engage parents in their child welfare cases and child welfare outcomes. In the absence of data directly measuring parent engagement, data collected as part of Florida's child welfare quality assurance program in FY09-10 were utilized for analysis. These data measured child welfare case worker efforts to engage mothers and fathers in case planning, decisions impacting the child, and services. These predictors, along with child demographic characteristics as covariates, were utilized in bivariate and multivariate Cox regression analyses to examine their relationships to two case outcomes: length of stay in out-of-home care and reentry into out-of-home care. A discussion of the findings related to each outcome, strengths and limitations of the study, implications for social work practice and research, and conclusions are presented below.

Length of Stay in Out-of-Home Care

Efforts to engage mothers. Contrary to the researcher's expectations, only efforts to engage mothers in case planning were significantly associated with length of stay when bivariate analyses were conducted. When there was documentation of case worker efforts to actively involve the mother in case planning, there was a 35% increase in the likelihood that children would be discharged from out-of-home care within 12 months of entry. However, when controlling for child age, gender, and race/ethnicity in

the multivariate analysis, efforts to actively involve the mother in case planning only approached a significant relationship to length of stay. This finding and the finding that no other efforts to engage mothers were significantly related to length of stay is surprising, since traditionally mothers have been the primary focus of child welfare professionals and one would expect that these engagement efforts would be associated with shorter durations of out-of-home care.

One possible explanation for these findings begins with a look at the national data on the relationship of child maltreatment perpetrators to their victims. According to the USDHHS (2012c), over one-third (36.8%) of the child maltreatment that occurs in the United States is perpetrated by mothers acting alone and less than one-fifth (19%) is perpetrated by fathers alone. When considering any perpetrator combination (alone, with someone else, or with the child's father), mothers are perpetrating 61.4% of child maltreatment compared to 38.8% by fathers (alone, with someone else, or with the child's mother) (USDHHS, 2012c). However, Wells & Marcenko (2011) suggest that little is known about how mothers respond to services provided to address their needs and the "social and clinical characteristics of single-mother families" (p. 419) whose children are in out-of-home care. In a study on the influences of child and family characteristics on exits from out-of-home care, Frame (2002) found that infants and toddlers removed from single-mother families were twice as likely to remain in out-of-home care (for at least three years) compared to children removed from two-parent families. A review of the literature indicated that mothers of children in out-of-home care commonly have mental health disorders such as mood disorders, anxiety disorders, and personality disorders in addition to a high percentage of psychiatric comorbidity, and other challenges such as

poverty, inadequate employment and housing, and being victimized by domestic violence (Wells & Marcenko, 2011). These multitude of challenges experienced by mothers involved in the child welfare system may very well complicate case worker efforts to engage them and may have contributed to the absence of a significant association between case worker engagement efforts directed at mothers and children's length of stay in out-of-home care.

Efforts to engage fathers. Significant bivariate and multivariate findings for efforts aimed at father involvement in case planning and decisions impacting the child were very similar. Documentation of case worker efforts to actively involve fathers in case planning was found to increase the likelihood of children being discharged from out-of-home care within 12 months by 50% at the bivariate level and 47% in the multivariate model. Similarly, documentation of case worker efforts to encourage and support fathers' participation in decisions impacting the child was found to increase children's likelihood of being discharged within 12 months of out-of-home care entry by 48% at the bivariate level and 45% in the multivariate model.

These, too, are interesting findings especially in light of the fact that traditionally fathers have been marginalized collateral stakeholders in the process undertaken by child welfare professionals to reunite families and build safe and stable family environments (O'Donnell et al., 2005; Scourfield, 2006). Demonstrating the paucity of quantitative research on the relationship between parent engagement and case outcomes, only two such studies were found related to the engagement of fathers. Coakley (2008) examined the involvement of African American fathers in permanency planning and found two factors that were significantly associated with shorter lengths of stay in out-of-home care.

First, children whose fathers entered into a case plan agreement exited out-of-home care sooner than children whose fathers did not. Second, fathers who were involved with their children during their foster care stays had significantly shorter stays in out-of-home care. Father involvement was measured by documentation of: their presence at meetings about placement decisions for the child, their contact with their children, and their participation and case productivity evidenced in court documents.

Malm, Zielewski, and Chen (2008) compared lengths of stay in out-of-home care across three different groups of fathers living outside the home from which the child was removed (i.e., non-resident fathers). Children with highly involved fathers (fathers meeting each of three criteria: providing financial support, nonfinancial supports, and visiting the child at least once since case opening) spent significantly less time in out-of-home care than did children with involved fathers (cases in which only one or two of the aforementioned criteria were met) or non-involved fathers (cases in which none of the criteria were met). These findings and those from the current study support the belief that involving and engaging fathers in child welfare practice leads to shorter lengths of stay for children placed in out-of-home care.

Efforts to support fathers' engagement with services were not found to be significantly associated with length of stay. This includes efforts made by the case worker to minimize barriers to the receipt of services such as transportation, wait lists, resistance from the father, and service cost. While it was not clear why a significant association was not found, one possible explanation may be that the perceptions of case workers towards fathers as important to child and family outcomes were such that they negatively

impacted their efforts to advocate for and engage fathers in services (Brown et al., 2009; Franck, 2001; Strega et al., 2008).

Race/ethnicity. The race/ethnicity of the child was found to be significantly associated with length of stay, but this was only true at the bivariate level; this effect did not emerge in the multivariate models. Hispanic children were 82% less likely than Caucasian children to be discharged from out-of-home care within 12 months of entering out-of-home care. Results from previous studies examining race/ethnicity and length of stay are mixed. Vogel (1999) did not find race as a significant predictor of length of stay in out-of-home care for African American, Caucasian, or Latino children. Becker and colleagues (2007) compared Caucasian and non-Caucasian children and found that Caucasian children were 40% more likely to exit foster care within 12 months of entry. Simmel, Morton, and Cucinotta (2012) assessed racial/ethnicity differences for children living in out-of-home care for extended periods of time (three years or more) and reported significantly longer lengths of stay for African American children compared to children in any other racial/ethnic category.

Another study investigated the relationship between case worker characteristics and child outcomes and found that Hispanic children only had significantly longer lengths of stay in out-of-home care compared to Caucasian and African American children when the case worker was African American (Ryan, Garnier, Zyphur, & Zhai, 2006). Finally, Coakley (2013) included a father's living situation as a variable in her examination of child welfare outcomes. She found that more Caucasian children had fathers living with them when they entered out-of-home care, and children whose fathers were living with them at removal had shorter lengths of stay in out-of-home care. Case

worker race/ethnicity and the residency or non-residency of fathers are worthy of consideration when interpreting the current study's findings.

Reentry into Out-of-Home Care

Efforts to engage mothers and fathers. None of the parent engagement predictors emerged as significant in the bivariate analyses or multivariate regression models for reentry into out-of-home care. In order for a child to be reunified with his or her caregivers after being placed in out-of-home care, the court must deem the home situation from which the child was removed to have improved to the extent that continued placement of the child in out-of-home care is no longer required to maintain the child's safety. In order for that child to be placed in out-of-home care a second time (or more), the child's safety once again must have been compromised beyond the capacity of the parent to maintain a safe and stable family environment. Studies have shown that the most vulnerable time period for children to reenter out-of-home care is within the first six months immediately after being reunified with their families (Terling, 1999; Yampolskaya, Armstrong, & Vargo, 2007). In recognition of a family's vulnerability during this time and to mitigate the occurrence of reentry, appropriate services and supports for the family should be in place upon reunification and case workers should continue their engagement efforts until the child welfare case is closed. While it was not known if post-reunification services and supports were in place for the cases examined in this study, poor quality or the absence of services and supports could have complicated case worker efforts to continually engage parents. Additionally, the data utilized for the current study represented only case worker engagement efforts examined as part of

quarterly quality assurance reviews which may not be representative of the quantity or quality of efforts made over the entire life of the case and post-reunification.

Kimberlin and colleagues (2009) also point out that a child's reentry into out-of-home care could be due to a number of factors. For example, children may be reunified too soon before parents realize sufficient benefit from services or before adequate post-reunification support services can be put into place, or the family experiences unforeseen challenges serious enough to disrupt parental capacity to properly care for their children. Wells and Correia (2012) report that parent-level predictors of child reentry into out-of-home care include challenges related to poverty, parental substance abuse, lack of parenting skills, and lack of social support for parents. These could be new challenges or the same challenges precipitating previous child welfare involvement that were not sufficiently addressed to the extent that service benefit or engagement efforts endured. The lack of any significant relationship between case worker engagement efforts and reentry may be reflective of these possibilities.

Age. The only significant predictor of reentry into out-of-home care was age of the child. Bivariate analyses revealed that the likelihood of reentering out-of-home care within 12 months of discharge increased by 9% with every year of younger age of the child. Previous studies have shown mixed results regarding the relationship between age and reentry into out-of-home care. In a comprehensive review of the literature on reentry, Kimberlin, Anthony, and Austin (2009) found studies reporting various age groups associated with reentry, including infants (Courtney, 1995), infants and then a declining reentry risk up to age 11 and then an increased risk after age 13 (Shaw, 2006), infants and 12-14 year olds (Westat and Chapin Hall Center for Children, 2001), and older age

(Wells and Guo, 1999). Two other studies found older age to be associated with a higher risk of reentry (Yampolskaya, Armstrong, & King-Miller, 2011; & Yampolskaya, Armstrong, & Vargo, 2007), but another found no relationship between age and reentry (Farmer, Southerland, Mustillo, & Burns, 2009).

Study Strengths and Limitations

The primary strength of this study was that it focused on a topic for which there is a gap in the quantitative research literature – examining the relationship between efforts to engage parents in child welfare cases and subsequent case outcomes. In the absence of data directly measuring levels of parent engagement from the parents’ perspective, the analyses of data documenting case worker efforts to engage parents that was systematically collected by the Florida Department of Children and Families as part of their formal quality assurance program allowed for an initial effort to more directly link parent engagement efforts by case workers and case outcomes.

Another strength of this study was the use of Cox regression analysis. This analytic technique uses time as a factor in estimating the probability that an event will occur; in this study, the events of interest were discharge from out-of-home care within 12 months of entry and reentry into out-of-home care within 12 months of discharge. Cox regression accounts for the time (as reported in number of months in this study) it takes for the event to occur or not (censored observations).

Several study limitations were also recognized. First, this study did not utilize data that directly measured parent engagement. Although data could be collected from observations of parent behavior or documentation of parent engagement in case files or court records, data should be collected directly from parents to measure their level of

engagement. Ideally, this would include quantitative measures of parent engagement given the lack of this data in the research literature. This data could then be assessed for any relationships to case outcomes.

Second, the use of administrative data has inherent limitations, including the accuracy of the data entry into the FSFN and QA electronic data systems from which the study data was derived, and the accuracy and quality of documentation of all of the efforts made to engage parents from which the QA review ratings were derived. In addition, FSFN and QA datasets were designed for monitoring child welfare cases and not for research purposes. Therefore, not all data that could be useful in research studies were recorded (e.g., case worker race/ethnicity, parents' perceptions of their degree of engagement in their cases). Finally, the prescriptiveness of the case selection inclusion criteria for the FY09-10 quality assurance program reviews limited the number of cases available for this study. For example, children could only be included in reviews once every four quarters, and siblings of children in reviewed cases in the current or preceding three quarters were excluded from reviews.

Third, the side-by-side case reviews conducted as part of the quality assurance program may have achieved a greater degree of fidelity to the case management standards rating criteria since two certified reviewers were responsible for jointly deciding the ratings. These data may be more accurate than the ratings assigned in the base reviews given that only one certified reviewer was responsible for the ratings in each of those cases.

Fourth, study findings should not be generalized to other states given the possible differences in policies and procedures that dictate expectations of case worker engagement efforts with families.

Implications for Social Work Practice and Research

Findings from this study suggest several implications and recommendations for social work practice and research. Training for case workers to enhance their cultural awareness and cultural competency skills could be helpful in tailoring engagement efforts to more appropriately fit the race/ethnicity of children and families with whom they are working. For example, case workers may have perceptions of Hispanic culture that negatively impact their engagement efforts with Hispanic children and families, especially if the case worker is not Hispanic (Brown et al., 2009). Such training should incorporate salient issues that child welfare professionals should be cognizant of relevant to working with Latino families such as heterogeneity, acculturation, workplace challenges, health disparities, and social welfare policies (Furman et al., 2009).

Similarly, a deeper understanding of the contributions and risks to child safety, permanency, and well-being as they may differ between mothers and fathers is another training content area that could prove beneficial to case workers in enhancing their skills in engaging families, especially in light of the findings that engagement efforts with fathers were and engagement efforts with mothers were not significantly associated with length of stay.

Although the current study found that younger child age was predictive of reentry into out-of-home care within 12 months of discharge, a review of the literature on this topic revealed mixed findings. However, from a practice standpoint, a child's age and

concomitant needs should always be considered in determining the appropriateness of family reunification and the readiness of parents to sufficiently care for their children in order to sustain reunification and avoid future out-of-home placements.

Furthermore, when family situations are dire enough to warrant the reentry of children into out-of-home care within 12 months of being reunified, especially within the current operational paradigm of family-centered practice, then extraordinary measures should be enacted to determine and address the reasons for reunification failure. This includes a review of previous engagement efforts made by case workers with a determination as to how they should be modified to help ameliorate the issues contributing to reentry and to stabilize the family to prevent the need for future child welfare system involvement.

Given that none of the variables measuring case worker efforts to engage parents were significantly associated with reentry into out-of-home care within 12 months of discharge and reunification, further research into the possible reasons for these findings is appropriate. Such inquiry could begin with a qualitative exploratory approach that includes interviews with parents, foster parents, case workers, and children, if developmentally appropriate. Similar research could be undertaken to better understand the lack of significant associations between efforts to engage mothers and children's length of stay in out-of-home care.

Finally, since little quantitative data has been published that directly measures parent engagement from the parents' perspective, further research utilizing quantitative engagement instruments such as those developed by Yatchmenoff (2005) and Alpert and Britner (2009) would be an excellent starting point. The quantitative data from this

research could be utilized to further investigate associations between parent engagement and case outcomes.

Conclusions

This study contributed to the knowledge base of social work and child welfare literature by examining the relationships between case worker efforts to engage parents in case planning, decisions impacting the child, and services; and case outcomes of a child's length of stay in out-of-home care and discharge within 12 months of entry, and a child's reentry into out-of-home care within 12 months of discharge and reunification with the family from which the child was removed. Although data were not available on direct measures of parent engagement, this study took an important step in more fully understanding how engaging parents may influence case outcomes. From a systems theory perspective, these engagement efforts occur within a larger system of child welfare intervention efforts to build parent capacity and stabilize families to ensure safe and permanent environments in which children can continue to grow and flourish. Parent engagement does not occur in isolation of the challenges faced by parents involved in the child welfare system, but, in fact, is influenced by these factors at the individual level (physical, emotional, behavioral health), family level (poverty, domestic violence, social support networks) and systems level (law enforcement, child welfare, community providers). In order to gain additional insight into how parent engagement functions within a child welfare case and its relationship to case outcomes, further research is needed. Quantitative measurement of parent engagement from the parents' perspective is especially lacking in the literature. The practice of engaging parents in child welfare

cases, while challenging at times, remains an ethical and core staple of social work practice and should be continually evaluated and improved.

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APPENDICES

Appendix A: Quality Assurance Reviews Rating Decision Process

For cases randomly selected for base reviews, trained and certified lead agency QA staff were assigned to conduct the internal reviews. Once the lead agency QA staff completed the review and entered the ratings into a database, he or she debriefed the findings with the lead agency QA manager. The QA manager then assessed the findings for accuracy in order to achieve inter-rater reliability.

For cases randomly selected for side-by-side reviews, two-person teams made up of trained and certified lead agency QA staff and regional office QA staff were assigned to conduct the reviews. This was a collaborative effort by each team which included discussion and consideration of each others' opinions and interpretations of the information reviewed. The team reached a consensual decision for ratings of the standards. To ensure accuracy and inter-rater reliability, the team debriefed their findings with a monitor assigned by the region, after entering their findings into a database. Monitors were experts in the subject of child welfare and were in a middle or high level regional position. Monitors resolved any conflicting opinions of reviewers and made any final rating determinations.

Appendix B: Institutional Review Board Approval Letter



RESEARCH INTEGRITY AND COMPLIANCE
Institutional Review Boards, FWA No. 00001669
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799
(813) 974-5638 • FAX (813) 974-7091

4/25/2013

Patty Sharrock, M.S.W.
Division of State and Local Support
13301 Bruce B. Downs Blvd.
MHC 2416
Tampa, FL 33612

RE: **Expedited Approval for Continuing Review**
IRB#: CR1_Pro00007307
Title: Efforts to Engage Parents and Case Outcomes in the Child Welfare System

Study Approval Period: 5/24/2013 to 5/24/2014

Dear Ms. Sharrock:

On 4/25/2013, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents outlined below.

Approved Item(s):

Protocol Document(s):

[DCF Privacy Agreement Form 2012 Final.pdf](#)
[Sharrock Dissertation Proposal 4-15-12.doc](#)

The waiver of informed consent process has been renewed.

The IRB determined that your study qualified for expedited review based on federal expedited category number(s):

(5) Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in black ink that reads "John A. Schinka, Ph.D." The signature is written in a cursive style with a large initial 'J' and 'S'.

John Schinka, Ph.D., Chairperson
USF Institutional Review Board